#### November 4, 2016

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

Dear Sirs:

Attached please find the Report of Receipts and Disbursements (Form 3X) for the Health Partners of Philadelphia, Inc. Political Action Committee (FEC ID C00484246) for the period October 1, 2016 thru October 31, 2016. You may contact me at 215.991.4419 or <u>radams@hpplans.com</u> if you have any questions concerning this form.

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FEC MAIL

Sincerely,

Jonnetta adams

Ronnetta Adams Treasurer Health Partners Inc PAC

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	PORT OF R	ECEIPT	s	RECE	
	<b>ND DISBURS</b> Other Than An Author			FEC MAIL	
For	Other Than An Author		e	2016 DEGiice 80	se AMy 7: 42
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT V	Example: If typin over the lines.	ng, type	2FE4M5	
Health Partners Of Philad	elphia, Inc. Political	Action Comm		: <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	· ·
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2. FEC IDENTIFICATION NUMB		•	STA		
C00484246	3. IS T REP		NEW N) <b>OR</b>	AMENDED (A)	· ·
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Apr 20	(M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11 (Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(C) 12-Day	Primary (12P	Ermail	General (12G)	Runoff (12R)
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5. Covering Period	01 2016	through	10	°31 ′ ́20	16
I certify that I have examined this R		y knowledge and t	belief it is true,	correct and comple	te.
Type or Print Name of Treasurer	Ronnetta Adams				
Signature of Treasurer	mnetta Ala	ms	Date	11 C	4 2016
NOTE: Submission of false, erroneous	or incomplete information m	nay subject the pers	son signing this I	Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

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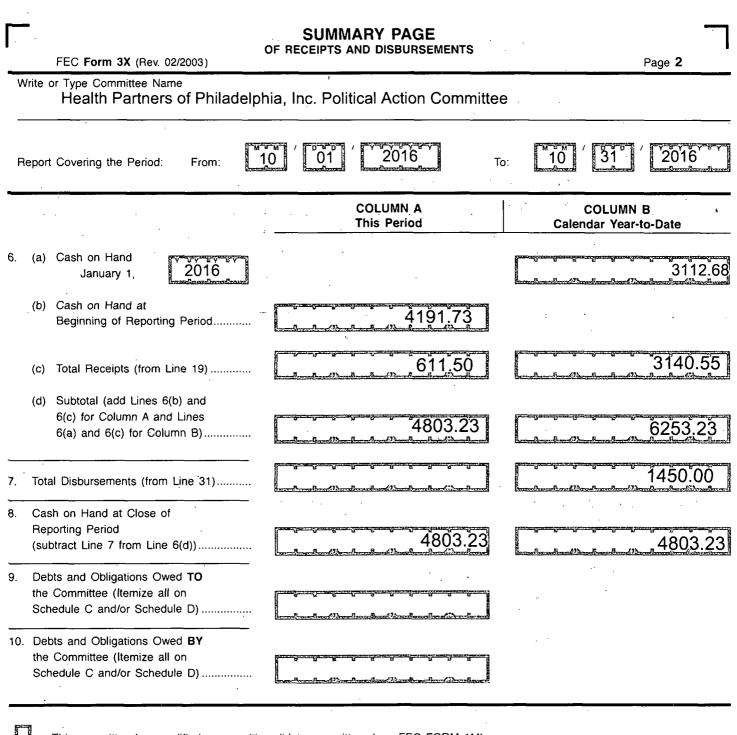
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

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	ETAILED SUMMARY PAGE of Receipts	• •
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name Health Partners Of Philadelphia,	Inc. Political Action Committee	·
Report Covering the Period: From:	О 01 2016 то	10 / 31 / 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other	1	
Than Political Committees	haran dan sa dan sa An sa dan sa d	
(i) Itemized (use Schedule A)	<u>, , , , , , , , , , , , , , , , , , , </u>	Constant Survey Su
(ii) Unitomized		3140.55
(ii) Unitemized (iii) TOTAL (add	And the second	and the second
Lines 11(a)(i) and (ii)	611.50	3140.55
	and a second	Enander Bernfelden Ander Alberta Bernfelden Bernfelden Bernfelden Bernfelden Bernfelden Bernfelden Bernfelden B
(b) Political Party Committees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) Other Political Committees	ไม่สาวสาวไหนของเรื่อนกระบำหน้ามากระบำการเป็นการเป็นการเป็นสาวสาวไหนกระบำใหม่มากให้เหลือได้เหลือได้ได้ การการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการเป็นการได้ได้ไ	hundreden (?)
(such as PACs)	<u>e</u> e <u>675 n 9 (75 P n 6 673 p)</u>	۲
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	hourselen and the second s	
Totals to Line 33, page 5)▶	<u>611.50</u>	<u>3,140.55</u>
12. Transfers From Affiliated/Other	lana dana karatan karat	มี ไม่สระหยังสระสะวัตราชสร้างสระสาวสร้างสระสาวสร้างสระสะวัตราชสร้างสระสะสะ
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13. All Loans Received	Land and Barris Barris Barris Barris Barris Barris Barris	Anna Brand Dan Brand Dan Strad Dan Brand Brand Brand Brand Brand
14 Loss Davis and David ad	lander from the second s	<u> </u>
14. Loan Repayments Received	- C-	
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	มี มีสาวการ์กระหารใหมระหวิจารรงกร้างการสร้างหมาร์หมระหรับหวราชโรงระหวัดการกร้างการกร้างการกร้างการกร้างการกร้าง	ด้านการการในวรรณที่ไหล่างหนึ่งมากเป็นการการให้มายามรัฐมายายรู้ไหวยารการให้หมายการไห้หมาย ได้หมายารีไปการการไห้เหมายารี่ได้มากเป็นการการให้หมายหนึ่งมีการการไห้หมายารี
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	Learne Bernet Brandharmeter Brandharmeter Brandharmeter	hannelsenellenel?henelsenerBeerel?henelsenerber
to Federal Candidates and Other	·	
Political Committees		and a second
17. Other Federal Receipts	<u> </u>	<u></u>
(Dividends, Interest, etc.)	0	0.00
18. Transfers from Non-Federal and Levin Funds	L. R. C. C. B. M. M. C. C. Day	<u><u><u></u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>
(a) Non-Federal Account	<u>โรงสารที่มีมาระสิทธารที่สารทางให้สารที่สารทางให้สารที่สารทางให้สารที่สารทางให้สารทาง</u> ที่	<u>ถึงสารหรือสารเหลือสารหรือสารหรือสารควิทยาตรีรถางที่สารหรือสา</u> รกับ
(from Schedule H3)		8 B B 49 21 B 495- B B 475 B
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(b) Levin Funds (from Schedule H5)		
	beinen Seneral an	Barrado Alexandra Alexandra (Barrado Alexandra) Barrado Alexandra (Barrado Alexandra)
(c) Total Transfers (add 18(a) and 18(b)).		
	in a strain the second s	and a second
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19. Total Receipts (add Lines 11(d),		3140.55
12, 13, 14, 15, 16, 17, and 18(c))▶	6,11.50	
20. Total Federal Receipts	· · ·	
(subtract Line 18(c) from Line 19)	611.50	3140.55
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## DETAILED SUMMARY PAGE

of Disbursements

Page 4

### COLUMN A Total This Period

## COLUMN B Calendar Year-to-Date

	II. Disbursomente	
	II. Disbursements	
21.	(a) Allocated Federal/Non-Federal	
	Activity (from Schedule H4)	
	(i) Federal Share	ramento a
	(ii) Non-Federal Share	
	(b) Other Federal Operating	in the second
	Expenditures	
	(c) Total Operating Expenditures	
	(add 21(a)(i), (a)(ii), and (b))▶	
22.	Transfers to Affiliated/Other Party	lana an
	Committees	
23.		kare ke
	Federal Candidates/Committees and Other Political Committees	
24.	Independent Expenditures	Contraction of the second s
	(use Schedule E) Coordinated Party Expenditures	
25.	Coordinated Party Expenditures	inian'n Statetys
	(2 U.S.C. §441a(d)) (use Schedule F)	l
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26.	Loan Repayments Made	
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27.		L_a
	Refunds of Contributions To: (a) Individuals/Persons Other	
	Than Political Committees	and the second se
		and the second s
	(b) Political Party Committees	
	(c) Other Political Committees	
	(such as PACs)	
	( )) Total October State Data	
	(d) Total Contribution Refunds	annaine .
	(add Lines 28(a), (b), and (c)) ►	Learth
29.	Other Disbursements	
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30.	Federal Election Activity (2 U.S.C. §431(20))	. ·
	(a) Allocated Federal Election Activity	
	(from Schedule H6)	1
	(i) Federal Share	l.
	(ii) "Levin" Share	1
	(b) Federal Election Activity Paid Entirely	-
	With Federal Funds	[
	(c) Total Federal Election Activity (add	1
	Lines 30(a)(i), 30(a)(ii) and 30(b))►	L
31.	Total Disbursements (add Lines 21(c), 22,	
51.	23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	<b>1</b>
	20, 24, 20, 20, 21, 20(0), 29 and 50(0)	L
32.	Total Federal Disbursements	
02.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	
	from Line 31)	l
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# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	•	Page 5
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	611.50	3140.55
34. Total Contribution Refunds (from Line 28(d))	$\sum_{i=1}^{n} \frac{1}{2^{n-1}} \sum_{i=1}^{n-1} \frac{1}{2^{n-1}} \sum_$	Second second in the second second second second in the second second in the second second in the second second
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	
37. Offsets to Operating Expenditures (from Line 15, page 3)		Marcensister, and insured interesting of space (Annual Annual Annual Annual Annual Annual Annual Annual Annual Proceedings and an an annual
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00 

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         OF           (check only one)         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Health Partners of Philadelphia	a, Inc. Political Action Comm	nittee
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City Sta	ate Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	newymenywenywenywenywenywenywenywenyweny wenebe-releasedersedersedersedersedersed	and a second
Name of Employer Occu	ipation	
Primary General Other (specify) ▼	regate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
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Name of Employer Occu	ipation	
Receipt For:     Aggi       Primary     General       Other (specify) ▼	regate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
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City Sta	ate Zip Code	Amount of Each Receipt this Period
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TOTAL This Period (last page this line number only)		and an and a second

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SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER:	PAGE OF		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
• •	Detailed Summary Page	21b. 27	22 23 28a 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used the and address of any political	by any persoi	n for the purpose of sc	liciting contributions		
NAME OF COMMITTEE (In Full)	· · ·	· · ·	· · · · · · · · · · · · · · · · · · ·			
Health Partners of Philadelphia,	Inc. Political Action C	committee		· .		
Full Name (Last, First, Middle Initial)			Date of Disbursemen	nt		
Mailing Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
City S	State Zip Code					
Purpose of Disbursement	F		Amount of Each Dick	pursement this Period		
Candidate Name	Å.	Category/		<u> </u>		
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Candidate Name	[]	Category/		bursement this Period		
Office Sought: House Disbursen	nent For:	Туре	Landberg Darah	and Strandberry Berry Strandberry		
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SUBTOTAL of Disbursements This Page (optional)	·····	····· ►	B	23 <u></u>		
TOTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	····· •	· · · · · · · · · · · · · · · · · · ·			

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## SCHEDULE C (FEC Form 3X) LOANS

NAME OF COMMITTEE (In Full)

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Use separate schedule(s)	PAGE OF
for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
	<u>ــــــــــــــــــــــــــــــــــــ</u>

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary
	General
Mailing Address	Other (specify)
0.1	
City State ZIP C	
Original Amount of Loan Cumulative Payment T	
and	
TERMS Date Incurred Date Due	e Interest Rate Secured:
	Yes N
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
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# Bank

America's Most Convenient Bank®

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE 901 MARKET ST STE 500 PHILADELPHIA PA 19107

#### STATEMENT OF ACCOUNT

Page:	1 of 2
Statement Period:	Oct 01 2016-Oct 31 2016
Cust Ref #:	
Primary Account #:	<u> </u>

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ACCOUNT SUM	MARY			<u> </u>
Beginning Balance Deposits		4,191.73 611.50	Average Collected Balance Annual Percentage Yield Earned Days in Period	4,428.43 0.00% 31
Ending Balance		4,803.23	,	
DAILY ACCOUN				
Deposits POSTING DATE	DESCRIPTION			AMOUNT
10/20	DEPOSIT			611.50
			Subtotal:	611.50
DAILY BALANC	E SUMMARY			
DATE		BALANCE		
9/30		4,191.73		
10/20		4,803.23		

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Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

VED CENTER RECEL 6 DEC -8 AM 7:42 2010 - 12 - 08 - 0N - 00122000 Jeduce Election Commission 999 E. Struck N W Washington DC 20463 RICHAMED 911 MARKA Street 58 500 Shier Clephic PA19107

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt USPS First Class Mail NONE 2/8/10 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS** Priority Mail Express Postmark Illegible lo Postmark Shipping Date **Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2015)