FEC MAIL CENTER 2018 APR 24 AM 9: 22

April 11, 2018

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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 March 1, 2018 thru March 31, 2018. You may contact me at 215.991.4419 or <a href="mailto:radams@hpplans.com">radams@hpplans.com</a> if you have any questions concerning this form.

Sincerely,

Ronnetta Adams Treasurer Health Partners Inc PAC

# 2018 - 04 - 24 - 03 - 00208667

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FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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				<u> </u>	Q40n8H 9: 22 ·
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5	
Health Partners Of Philadelphia, Inc. Political Action Committee					
		_1_1_1_1_1	<u> </u>		
ADDRESS (number and street)	901 Market Street		<del>                                     </del>		
Check if different	Suite 500		<u> </u>		
than previously reported. (ACC)	Philadelphia	-	ا لــــا	PA 1910	07
2. FEC IDENTIFICATION NUM	MBER ▼ CIT	Y <b>A</b>	S	TATE A	ZIP CODE A
C 00484246	3. IS	avs	IEW N) <b>OR</b>	AMENDE (A)	ED
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	20 (M2)	May 20 (M5)	Aug 20 (M	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	X Mar	20 (M3)	un 20 (M6)	Sep 20 (M	Dec 20 (M12) (Non-Election Year Only)
April 15	<u> </u>	20 (M4)	ul 20 (M7)	Oct 20 (M	10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary (12P	)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (	12C)	Special (12S)	
Quarterly Report (Q3) January 31					in the
Year-End Report (YE		n on			State of
Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (300	i)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	n on			in the State of
5. Covering Period 3 1 2018 through 3 2018					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Ronnetta Adams					
Signature of Treasurer Smnttlldlams  Date 4 20 2018					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
Office Use Only				F	EC FORM 3X Rev. 12/2004

# 2018 - 04 - 24 - 05 - 00208668

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC <b>Form 3X</b> (Rev. 02/200	3)			Page <b>2</b>
Write or Type Committee Name Health Partners of	Philadelphia, Inc. P	Political Action Committe	ee	
Report Covering the Period: F	rom: 3 1	2018	To: 3 31	2018
		COLUMN A This Period	COLUM Calendar Yea	
. (a) Cash on Hand January 1, 20	017		and the same through the same through the	4803.2
(b) Cash on Hand at  Beginning of Reporting Per	iod	8116.73	ريندها و مستويد	
(c) Total Receipts (from Line 1	9)	849.50		<u>, 4163.00</u>
(d) Subtotal (add Lines 6(b) at 6(c) for Column A and Line 6(a) and 6(c) for Column B	es Projection	8966.23	pendang canagan ang manggan ang manggan ang	8966.23
. Total Disbursements (from Line	31)	0.00	and the control of th	0.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		8966.23		" . 896.6.2
Debts and Obligations Owed To the Committee (Itemize all on Schedule C and/or Schedule D	·			
Debts and Obligations Owed B     the Committee (Itemize all on     Schedule C and/or Schedule D				
This committee has qualifie	d as a multicandidate con	nmittee. (see FEC FORM 1M)		
	For furthe	er information contact:	<u> </u>	
,	99	Election Commission 9 E Street, NW nington, DC 20463		
		Free 800-424-9530		

# 2018:04:24:0M:0020&669

## **DETAILED 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 2018 2018 Report Covering the Period: From: To: **COLUMN B COLUMN A** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons. Other Than Political Committees (i) Itemized (use Schedule A)..... 4163.00 (ii) Uniternized ..... (iii) TOTAL (add Lines 11(a)(i) and (ii)......▶ (b) Political Party Committees ..... (c) Other Political Committees . (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) ........ (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 4163.00 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ....... ▶

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **4** 

	II. Disbursements	Total This Period	COLUMN B
	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tills Pellou	Calendar Year-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures		
	(use Schedule E)		
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	77	
26.	Loan Repayments Made		
	Loans Made		<u> </u>
28.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		22 4 12 12 12 12 12 12 12 12 12 12 12 12 12
	(b) Delitical Destrictions		
	(b) Political Party Committees		
	(such as PACs)		marker should be
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Lines 21(c), 22,	Emperit encog knoot keesselfer encollege of keesselfer encollege of keesselfer encollege of the second of the seco	ACEL LEGISLANIS CANADA PARA LEGISLANIS CONTRACTOR LEGISLANIS CONTRACTOR CONTR
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Landerson and southern the sales of the sale	lannaturalisasetta malemanikaan taratura lanna lannatura lannatura lannatura lannatura lannatura lannatura la
	from Line 31)	0.00	0.00
		The state of the s	househouself and Daniellous Same Daniellous Indianal

## **DETAILED SUMMARY PAGE** of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	849.50	4163.00
34. Total Contribution Refunds (from Line 28(d))		
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
16. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar	rson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)  Health Partners of Philadelphia,	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial)  A.  Mailing Address		Date of Receipt
City State	e Zip Code	- Cool
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupa	ation	t a company of the co
Primary General Other (specify) ▼	gate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  B.		Date of Receipt
Mailing Address  City State	e Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupa	ation	_
Primary General	gate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		MANA / DO / V V V V
City State	e Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupa	ation	
Primary General Other (specify) ▼	gate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		
·TOTAL This Period (last page this line number only)		

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SCHEDULE B (FEC Form 3X)	llog congrete cohedula/a	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
,	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information popied from such Paparts and Statem	ponts may not be sold or used		<del>                                     </del>
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Health Partners of Philadelphia,	Inc. Political Action C	Committee	
<u>/</u>	·	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial)		Ì	Date of Disbursement
Α.			
Mailing Address			HAH / DAD / AAAAAA
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City	State Zip Code		
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·		Type	
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	Primary General Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)	<del></del>		
В.			Date of Disbursement
			MEM : DED : VEVEY
Mailing Address			
City	State Zip Code		
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Purpose of Disbursement			
Candidate Name	[		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
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	Primary General	İ	
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
<b>c</b> .			Man / Dad / Aararay
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City	State Zip Code		
Purpose of Disbursement	Purpose of Disbursement		
			Amount of Each Disbursement this Period
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	Primary General		
	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		····· Þ	handen de marie de ma
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TOTAL This Period (last page this line number only)		·····	danie

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> Februl Election Commission 999 & Street N.W. Washington DC 20463

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Overnight Delivery Service (Specify):	Shipping Date		
Next Busine	ess Day Delivery		
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		
Other (Specify):	Receipt or Postmarked		
	4/24/2018		
(3/2015)	DATE PREPARED		