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November 2, 2015

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

Dear Sirs:

Attached please find an Amended Statement of Organization (Form 1) for the Health Partners Plans-Political Action Committee (FEC ID C00387043).

You may contact me at 215.991.4419 or <u>radams@healthpart.com</u> if you have any questions concerning this form.

Sincerely,

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onnetta adams

Ronnetta Adams PAC Treasurer

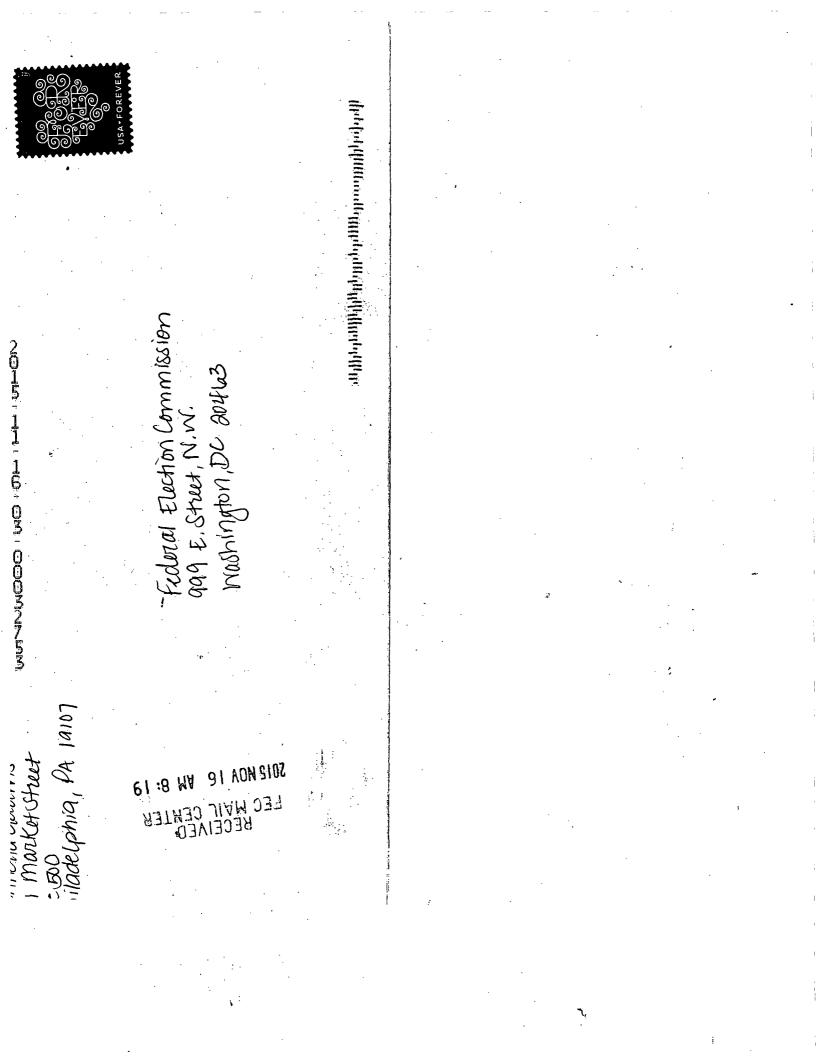
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FEC FORM 1	STATEMENT O	;	FEC MAIL CENTER	
1. NAME OF COMMITTEE (in full)	(Check if name Exampl is changed) over the	e:lf typing, type 12FE4M e lines.	~ 1 /	
[Health Partners Plans, Inc. Political Action]				
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(Check if address is changed)	Suite 500			
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COMMITTEE'S E-MAIL ADDRESS				
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	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE ADDRESS (URL)				
(Check if address is changed)				
2. DATE				
3. FEC IDENTIFICATION NUMBER > CO0387045				
4. IS THIS STATEMENT		AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer Rinnetta adams				
Signature of Treasurer	Zonnette adams	Date	11 02 2015	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only	Fe	or further Information contact: aderal Election Commission JI Free 800-424-9530 Decal 202-694-1100	FEC FORM 1 (Revised 06/2012)	

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