

January 20, 2018

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 December 1, 2018 thru December 31, 2018. You may contact me at 215.991.4419 or <u>radams@hpplans.com</u> if you have any questions concerning this form.

Sincerely,

Connetta Adams

Ronnetta Adams Treasurer Health Partners Plans PAC

FEC FORM 3X	AND DI	T OF REC SBURSEN an An Authorized	MENTS	;		RECEIVED MAIL CENTER
1. NAME OF COMMITTEE (in f	TYPE OR PRINT		mple: If typing r the lines.	g, type	12FE4M5	
	Plans. Political Act	tion Committee	9 <u>- I _ I _ I _ I</u>		<u> </u>	
	1901 Marke	<u>↓ ↓ ↓ ↓ ↓</u> t Street				
ADDRESS (number and ▼	Suite 500			<u></u>		
Check if diffe than previous reported. (AC	ly Philadelph	ia			PA [19	
2. FEC IDENTIFICA	TION NUMBER V			S		
C 00484246	<u></u>	3. IS THIS REPORT	N (M	EW 4) OR	AMENI (A))ED
July 15 Quarterly October Quarterly January 3 Year-End July 31 M Report (N Year Only	Report (Q1) Report (Q1) Report (Q2) Report (Q2) Report (Q3) 31 Report (YE) Aid-Year Jon-election (d) 30-D POS	E-Election ort for the:		2C)	Aug 20 (Sep 20 (Oct 20 (General (12G Special (12S)	M9) Image: Construction of the second se
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-	amined this Report and to Treasurer _Ronnetta	-	through wledge and b	elief it is true	e, correct and co	
	<u></u>		ubject the pers	Da on signing thi	ليستثنيني ا	20 2019 enalties of 2 U.S.C. §437g.
Office Use Only					F	FEC FORM 3X Rev. 12/2004

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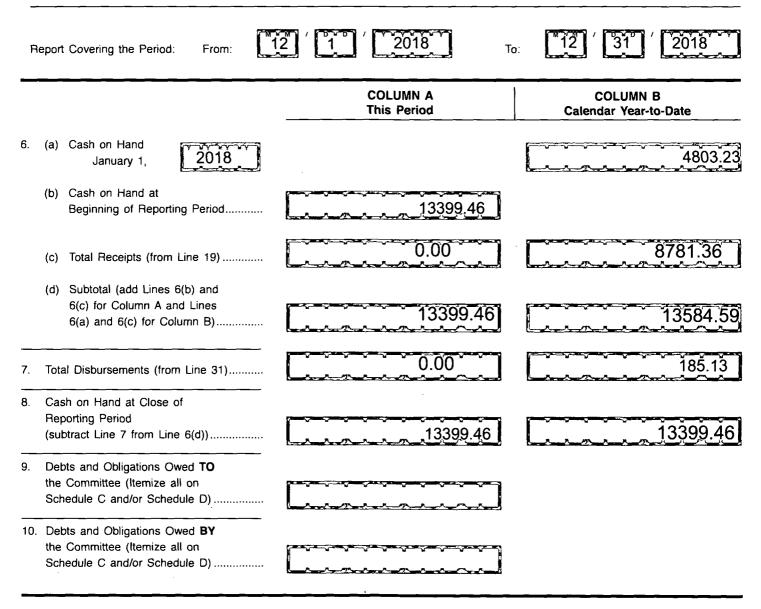
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Write or Type Committee Name

Health Partners of Philadelphia, Inc. Political Action Committee



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

DETAILED SUMMARY PAGE

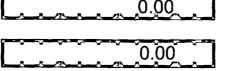
of Receipts

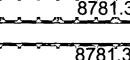
FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name Health Partners Of Philadelphia, Inc. Political Action Committee [™]12[™] 12 01 ĩ31 2018 2018 To: Report Covering the Period: From: COLUMN A COLUMN B 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)..... 8781 36 0.00 (ii) Uniternized (iii) TOTAL (add 0.00 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 0.00Totals 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 0.00 (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), 8781.36 12, 13, 14, 15, 16, 17, and 18(c))...... 0.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19)





DETAILED SUMMARY PAGE

COLUMN A

Total This Period

of Disbursements

Page 4

0.00

0.00

0.00

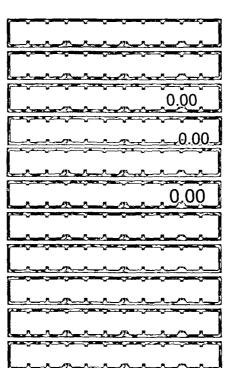
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COLUMN B

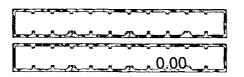
Calendar Year-to-Date

			D
	_	FEC Form 3X (Rev. 02/2003)	
		II. Disbursements	
21.	Ope (a)	Allocated Federal/Non-Federal Activity (from Schedule H4)	
		(i) Federal Share	
		(ii) Non-Federal Share	
	(b)	Other Federal Operating	
		Expenditures	
	(c)	Total Operating Expenditures	
		(add 21(a)(i), (a)(ii), and (b))	
22.		nsfers to Affiliated/Other Party	
23.	Cor Fec	nmittees htributions to leral Candidates/Committees I Other Political Committees	
24.	Inde	ependent Expenditures	
25.	Coc	e Schedule E) ordinated Party Expenditures U.S.C. §441a(d)) e Schedule F)	
26.	Loa	an Repayments Made	
27. 28.		ans Made funds of Contributions To: Individuals/Persons Other Than Political Committees	
	(b) (c)	Political Party Committees Other Political Committees	

- (such as PACs).....
- (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) Table Endersh Floating Activity (add)
 - (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....►



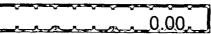


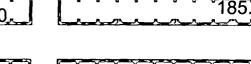




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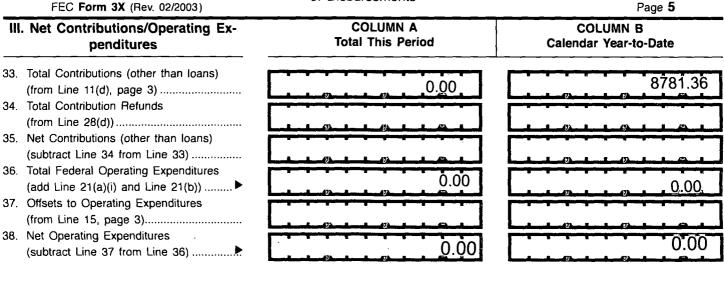


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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements



9

SCHEDULE A (FEC Form 3)	()		FOR LINE NUMBER: PAGE OF					
TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
TEIVIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12					
			13 14 15 16 17					
Any information copied from such Reports an	nd Statements ma	ay not be sold or used by any p	erson for the purpose of soliciting contributions					
	the name and a	ddress of any political committee	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Partners of Phil	adelphia, Ind	c. Political Action Com	mittee					
Full Name (Last, First, Middle Initial)			Date of Receipt					
Mailing Address								
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	<u> </u>						
Name of Employer	Occupation		_					
Receipt For: Primary ☐ General Other (specify) ▼		Year-to-Date ▼						
Full Name (Last, First, Middle Initial)		<u></u>						
Mailing Address			Date of Receipt					
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C							
Name of Employer	Occupation							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼						
Full Name (Last, First, Middle Initial)								
Mailing Address			Date of Receipt					
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C							
Name of Employer	Occupation							
Receipt For: Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼]					
SUBTOTAL of Receipts This Page (optiona	l)	·······························						
TOTAL This Period (last page this line num	ber only)	······						

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SC	CHEDULE B (FEC Form 3X)		F			UMBER			PA	GE	OF
IT	EMIZED DISBURSEMENTS			(check only one)							
		Detailed Summary Page			21b 27	22 28a	-	23 28b	24 28c		
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	l by l com	any	person	for the	pur	pose c	of solicitin	ig contr	ibutions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Partners of Philadelphia,	Inc. Political Action (Con	nmi	ittee						
Ľ	Full Name (Last, First, Middle Initial)										
Α.				_		Date o	of Dia	sburse	-	/~ <u>+_</u> Y~4	<u>ᢦᠮ᠊ᠬ᠊ᠮ᠉</u>
	Mailing Address										
	City	State Zip Code									
	Purpose of Disbursement					Amour	nt of	Each	Disburse	ment th	is Period
	Candidate Name	C		egory ype	y/			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Office Sought: House Disbursen Senate President	nent For: Primary ☐ General Other (specify) ▼									
—	State: District:										
В.	Full Name (Last, First, Middle Initial)					Date o	of Di	sburse	ement		~~ ~~~~
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		State Zip Code	_	_							
	Purpose of Disbursement				7	Amoui	nt of	Each	Disburse	ment th	nis Period
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	Office Sought: House Disburser Senate President X	nent For: Primary ☐ General Other (specify) ▼									
	State: District:										
C.	Full Name (Last, First, Middle Initial)					Date	of Di	sburse	ement		
	Mailing Address						<u>ן</u>			· · · ·	
	City	State Zip Code									
	Purpose of Disbursement										
	Candidate Name		Cate	egor ype	y/	Amou	nt of	Each	Uisburse	ment ti	nis Period
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) _		<u>,,,,</u>		Lynes an	-	<u> </u>	<u></u>		
-	State: District:										
s	SUBTOTAL of Disbursements This Page (optional)				Þ						
T	OTAL This Period (last page this line number only))			►		~~~				

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SCHEDULE C (FEC Form 3X)

LOANS	LOANS			PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		, I		
LOAN SOURCE Full Name (Last, First, Min	ddle Initial)			ection: Primary General
Mailing Address				Other (specify)
City	State ZIP Co	ode		
Original Amount of Loan	Cumulative Payment To			Outstanding at Close of This Period
TERMS Date Incurred			t Rate	Secured:
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 Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	······································	
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line onl Carry outstanding balance only to LINE 3, Sc			v forward	to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address City State Zip Code	Date Incurred or Established	
 A. Has loan been restructured? No Yes B. If line of credit, Amount of this Draw: 	If yes, date originally incurre Total Outstanding Balance:	
 C. Are other parties secondarily liable for the debt incl No Yes (Endorsers and guarantors D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or oth No Yes If yes, specify: 	must be reported on Schedule C. he loan: real estate, personal of deposit, chattel papers,) What is the value of this collateral? Does the lender have a perfected security interest in it?
E. Are any future contributions or future receipts of int collateral for the loan? No Yes If yes	terest income, pledged as s, specify:	What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	t Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this lo		
G. COMMITTEE TREASURER Typed Name Signature	· · · · · · · · · · · · · · · · · · ·	
 H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrowers This institution is aware of the requirement th complied with the requirements set forth at 11 	e terms of the loan and other infor (including interest rate) no more fi s of comparable credit worthiness nat a loan must be made on a bas	avorable at the time than those imposed for sis which assures repayment, and has
AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	

CHEDULE D (FEC Form 3X)		<u> </u>	PAGE OF		
· · ·		(Use separate schedule(s)	FOR LINE NUMBER:		
EBTS AND OBLIGATIONS		for each	(check only one)		
xcluding Loans		numbered line)	10		
NAME OF COMMITTEE (In Full)					
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	Pebt (Purpose):		
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Perio		
			<u></u>		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D)ebt (Purpose);		
Mailing Address					
City State	Zip Code				
Outdoor line Delance Desiration This Desirat					
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Perio		
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of E	Debt (Purpose):		
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This Period		······			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Perio		
			<u></u>		
) SUBTOTALS This Period This Page (optional)					
) TOTALS This Period (last page this line numbe	r only)				
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)				
ADD 2) and 3) and carry forward to appropriate					



E STATEMENT OF ACCOUNT

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

Page: 1 of 2 Statement Period: Dec 01 20 1_2018_ Cust Ref #: Primary Account #:

4. .

er S.F

NP Advantage Checking

HEALTH PARTNERS PLANS INC POLITICAL ACTION COMMITTEE

ACCOUNT SUMMARY			
Beginning Balance	13,399.46	Average Collected Balance	13,399.46
•		Interest Earned This Period	0.00
Ending Balance	13,399.46	Interest Paid Year-to-Date	0.00
ů.		Annual Percentage Yield Earned	0.00%
		Days in Period	31

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

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

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, • transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

- 1. Your ending balance shown on this statement is:
- 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
- 3. Subtotal by adding lines 1 and 2.
- 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- 5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

Ending 13,399.46 Balance Tòtal Deposits E Sub Total 0 Total Withdrawals

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

DEPOSITS NOT ON STATEMENT	DOLL	ARS	CENTS	
				-
				-
				•
Total Deposits				-

ITHDRAWALS NOT	DOLLARS	CENTS
	<u> </u>	

FOR CONSUMER ACCOUNTS ONLY - IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer. telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include

- Your name and account number
- A description of the error or transaction you are unsure about
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the

amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY - BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge

Page:

Adjusted Balance

2 of 2

Ronnetta übumi 461 Markei Street Stessoo Phila- PA 19107



Federal Electron Commission 999 E. State Street Workington, IX 20463

RECEIVED MAIL CENTER

AM 11: 29

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2019 FEB

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER MP (3/2015)	2/11/19 DATE PREPARED