



Health Partners Plans

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July 1, 2021

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

Dear Madam or Sir,

Enclosed please find Health Partners Plans, Inc. Political Action Committee (FEC ID C00484246) Report of Receipts and Disbursements (Form 3X) for the period of January 1, 2021 through June 30, 2021.

If you have any questions or need additional information, please contact me at (215) 991-4139 or jdodi@hpplans.com.

Sincerely,

A handwritten signature in black ink that reads "Joe Dodi".

Joe Dodi
Treasurer
Health Partners Plans PAC

20210701 09:11 AM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Health Partners Plans, Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		<input type="text" value="15,507.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15,507.46"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="15,507.46"/>	<input type="text" value="15,507.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15,507.46"/>	<input type="text" value="15,507.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	

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

20211010 11:11 AM : COM: 03/09

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Health Partners Plans, Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(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).....▶	0.00	0.00
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.).....		0.00
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), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

NON-FEDERAL CONTRIBUTION

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

33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))		
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	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

20210714 09:00AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Partners Plans, Inc. Political Action Committee

A.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		<input type="text"/>	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		<input type="text"/>	
State: District:			

B.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		<input type="text"/>	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		<input type="text"/>	
State: District:			

C.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		<input type="text"/>	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/>	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Partners Plans, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought:	Disbursement For:	<input type="text"/>
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
State:	District:	

B.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought:	Disbursement For:	<input type="text"/>
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	

C.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought:	Disbursement For:	<input type="text"/>
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

<input type="text"/>
<input type="text"/>

NON-FEDERAL CAMPAIGN FINANCING

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Notes: *[Signature]*

Created: 6 JUL



JOE DODI
215-849-9606
HEALTH PARTNERS PLANS
901 MARKET ST
PHILADELPHIA PA 19107

1 LBS

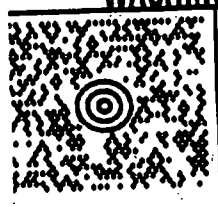
1 OF 1

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999 EAST STREET NORTHWEST
WASHINGTON DC 20463

SHIP TO:

07/JUL/2021 22:00 2000

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1060 1ST ST NE
FLR 9TH
WASHINGTON DC 20002 5859



MD 201 9-58



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BILLING: P/P



XOL 21.06.14 NV45 26.0A 06/2021*

ICN - Discovery: 06/JUL/2021

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13/JUL/2021

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Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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	Next Business Day Delivery <input type="checkbox"/>
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 07-13-21
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