## RECEI: W:

$\because: i$
 FEC MAIL CEATER

July 18, 2013

Federal Election Commission
999 E Street, N.W.
Washington, DC 30463

Dear Sirs:
Attached please find the Report of Receipts and Disbursements (Form 3X) for the Health Partners of Philadelpia, Inc. Political Action Committee (FEC ID COO484246) for the period June 1, 2013 to June 30, 2013.

You may contact me at 215.991 .4303 or nroberts@healthpart.com if you have any questions concerning this form.


Ned Roberts
Treasurer
Health Partners PAC

# REPORT OF RECEIPTS AND DISBURSEMENTS <br> For Other Than An Authorized Committee 

1. NAME OF
COMMITTEE (in full)
Example: If typing, type over the lines. COMMITTEE (in full)

TYPE OR PRINT V

Health Partners Of, Philadelphia, Inc. Polititical Action Committee,


ADDRESS (number and street)

## 901 Market Street

ロCheck if different
than previously
reported. (ACC)


2. FEC IDENTIFICATION NUMBER $\boldsymbol{V}$
C 100484246

CITY
STATE $\triangle$
ZIP CODE
3. IS THIS

REPORT \begin{tabular}{l}
NEW <br>
(N) OR

$\quad \square$

AMENDED <br>
(A)
\end{tabular}

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:


April 15
Quarterly Report (Q1)

I
July 15
Quarterly Report (Q2)
[
October 15
Quarterly Report (Q3)
$\square$
January 31
Year-End Report (YE)
r
July 31 MidYear
Report (Non-election Year Only) (MY)
$\begin{array}{ll}\text { Fin } & \text { Termination Report } \\ \text { (TER) }\end{array}$

5. Covering Period
$106: 01{ }^{\circ}: 2013$
$01^{\circ} \cdot 2013$ $\square$ through NO

1 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 $\square$ Ned Roberts

Signature of Treasurer Date $077^{\circ} \quad 18^{\circ} \quad{ }^{Y} 203^{Y}$

NOTE: Submission of false, erroneous. or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.


FEC Form 3X (Rev. 02/2003)

## Write or Type Committee Name <br> Health Paftners of Philadelphia, Inc. Political Action Committee

| Report Covering the Period: | From: | $06$ | To: | $06 \quad 30: 2013^{4}$ |
| :---: | :---: | :---: | :---: | :---: |
|  |  | COLUMN A <br> This Period |  | COLUMN B Calendar Year-to-Date |

6. (a) Cash on Hand January 1, $\quad 2013$
3240.06
(b) Cash on Hand at Beginning of Reporting Period............

(c) Total Receipts (from Line 19)

1803.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 31).

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) $\qquad$

9. Debts and Obligations Owed TO
the Comfnittee (ltemize all on
Schedule C and/or Schedule D) $\qquad$

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)


8 This commbtee 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

FEC Form 3X (Rev. 06/2004)
Write or Type Committee Name
Health Partners Of Philadelphia, Inc. Political Action Committee

11. Contributions (other than loans) From:
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)
(ii) Unitemized
(iii) TOTAL (add

Lines 11(a)(i) and (ii) $\qquad$ ..$>$
(b) Poilitical 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) $\qquad$ . -
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). $\qquad$
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) $\qquad$
(b) Levin Funds (from Schedule H5)
(c) Total Transfers (add 18(a) and 18(b))..


19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .........
,1803.80.

## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)
Page 4


## III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans) (from Line 11(d), page 3)
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))
37. Offsets to Operating Expenditures (fram Line 15, page 3)
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$
COLUMN A

Total This Period $\quad$| COLUMN B |
| :---: |
| Calendar Year-to-Date |

## SCHEDULE A (FEC Form 3X)

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


Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or fin commercial purposas, ather than using the name and address of any political committee to solicit contrihutians from such committee.
name of cammittee (In Full)
Health Partners of Philadelphia, Inc. Political Action Committee
Full Name (Last, First, Midale Initial)

| A. |  | Date of Receipt $1404 \text {, }$ <br>  <br> $4-y^{2}$ |
| :---: | :---: | :---: |
| Mailing Address |  |  |
| City | e Zip Code |  |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C <br>  |  |
| Name of Employnr | Occupation |  |
|  | Aggregate Year-t-Date |  |
| Full Name (Last, First, Middle Initial) |  | Date of Receipt |
|  |  |  |  |
| Mailing Address |  |  |
| $\overline{\text { City }}$ | Zip Code |  |
|  |  | Amount of Each Receipt this Period$\square$ |
| FEC ID number of contributing federal political committee. | C , $\square$ <br>  |  |
|  | Occupation |  |
|  | Aggregate Year-to-Date |  |
| Full Name (Last, First, Middle Initial) C. |  | Date of Receipt <br>  |
|  |  |  |  |
| Mailing Address |  |  |
| City | Zip Code |  |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer | Occupation |  |
| Receipt For:$\square$Primary $\quad \square$ General <br> Other (specify) | Aggregate Year-to-Date |  |

SUbTOTAL of Receipts This Page (optional).
TOTAL This Period (last page this line number only)


