

RECEIVED 2013 FEB 27 AM IO: 15 FEC MAIL CENTER

January 30, 2013

Federal Election Commission 999 E. Street, NW Washington, DC 20463

Greetings:

Enclosed please find an amended copy of the **FEC Form 1** which notes a change in the treasurer for the Health Partners Political Action Committee (PAC).

Please contact me at (215) 991-4361 or email me at <u>ALewis@healthpart.com</u>, if you require more information or have questions about the update submitted.

Sincerely.

Secretary, Health Partners PAC

901 Market Street, Suite 500, Philadelphia, PA 19107-3111, 215-849-9606, Fax: 215-849-9636, www.healthpart.com

	STATEMENT OF		RE	CEIVED				
FEC FORM 1		ORGANIZATION		2013 FEB (
						LEEC M		ÿR
1. NAME OF COMMITTEE (in	full)		ck if name anged)		mple:If typing, type the lines.	12FE4M5		
Health Par	tners	of Phila	delph	ia, Inc	. Political A	ction Co	mmittee	
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	<u> </u>	901 M	arket	Street	· · · · · · · · · · · ·	······································		1
ADDRESS (number an	nd street)	Suite 500						
(Check if ac is changed)		Philad		↓↓↓ ↓↓↓_		PA	19107	┙┙┙┙┙┙ ┛┛┛
				CITY		STATE	. ZIP (CODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please pro	vide only or	ne e-mail ad	dress)			
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COMMITTEE'S WEB	PAGE ADD	DRESS (URL)						
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is change		L				<u> </u>		
2. DATE		B / V IV.	- 7 - 3 - 7 -					
3. FEC IDENTIFIC	CATION NU	IMBER	C	00484	246			
4. IS THIS STATE		NEW (N)	OR		AMENDED (A)			\
I certify that I have e	examined th	is Statement a	and to the l	best of my	knowledge and belief	it is true, correc	t and complete	
Type or Print Name of Treasurer								
Signature of Treasure	ər	MA	The	ther	8	Date	1 24	5013
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC F	· · · ·

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FEC Form 1 (Revised 02/2009)

5.	TYPE OF COMMITTEE Cendidate Committee:									
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	Name Candi									
	Candi Party	idate Affiliatio	on Office State State State District							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candi									
	Part	y Com	mittee:							
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.							
	Polit		ction Committee (PAC):							
	(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:							
			Corporation Corporation w/o Capital Stock Labor Organization							
			Membership Organization Trade Association Cooperative							
			In addition, this committee is a Lobbyist/Registrant PAC.							
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)							
			In addition, this committee is a Lobbyist/Registrant PAC.							
			In addition, this committee is a Leadership PAC. (Identify spansor on line 6.)							
	Joint	Fund	raising Representative:							
	(g)	Π	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
	(h)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political							
		ليسيا	committees/organizations, none of which is an authorized committee of a federal candidate.							
		Com	mittees Participating in Joint Fundraiser							
		1.	FEC ID number							
		2.								
		3.								
		4.								

FEC	F	orm	1	I (Re	evis	ed	02/2	2009))

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	FEC Form 1 (Revised	02/2009) Pa	age 3					
v	Vrite or Type Committee Nam	e						
ŀ	Health Partners of Philadelphia, Inc. Political Action Committee							
6.	Name of Any Connected	Organization, 'Atriliated Committee, Joint Fundraising Representative, or Leadership PAC	C Sponsor					
ŀ	lealth Partners	of Philadelphia, Inc.						
L								
	Mailing Address	1901 Market Street						
		Suite 500						
		Philadelphia	-1					
	Relationship: XConnecte	ed Organization Affiliated Committee Joint Fundraising Representative	o PAC Sponsor					
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in possession	of committee					
		A BOBERTS						
	Mailing Address	1901 MARKET GT						
		BUITE 500						
		PHILABELPHIA DA VAIOT	-					
	Title or Position	CITY STATE ZIP CC	DDE					
	VREASURE		-14303					
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and assistant treasurer).	address of					
•	Full Name of Treasurer	A ROBERTS						
	Mailing Address	901 MARKET ST.						
		SULTE STALLER STALLER						
		PAJLADELANDA URIDA	-[]					
	Title or Position	CITY STATE ZIP CO	DE					

TREASURE Telep	phone number	19191-19911-14303
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Full Name of Designated Agent		
Mailing Address		<u>i i j</u>
СПУ		
Title or Position	none number	

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

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Mailing Address	[6ροο,Atriμm Way		
	Mt. Laurel, <u>1997 - 1997 - 1997 - 1997 - 1997</u>	NJ	08054
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	ətc.		
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Mailing Address		1 1 1 1 1 1	
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	CITY	STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
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USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Co	onfirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	iness 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
Date Other (Specify):	of Receipt or Postmarked
4m W	2/27/13
PREPARER (3/2005)	DATE PREPARED