FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed)   Example: If typing, type over the lines.   12FE4M5C MAIL CENTER

Health Partners Of Philadelphia, Inc. Political Action Committee

ADDRESS (number and street)   901 Market Street

☐ ◄ (Check if address is changed)   Suite 500

Philadelphia   PA   19107   -

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ ◄ (Check if address is changed)   nroberts@healthpart.com

Optional Second E-Mail Address
nedster51@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◄ (Check if address is changed)

2. DATE   05 / 30 / 2013

3. FEC IDENTIFICATION NUMBER ▶   C 00484246

4. IS THIS STATEMENT ☐ NEW (N)   OR   ☒ 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   NED ROBERTS

Signature of Treasurer _____   Date   5 / 30 / 2013

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Federal Election Commission
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PREPARER

DATE PREPARED 6/5/13

(3/2005)