

RECEIVED
FEC MAIL CENTER
2017 AUG -3 AM 7:37

July 19, 2017

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 June 1, 2017 thru June 30, 2017. You may contact me at 215.991.4419 or radams@hpplans.com if you have any questions concerning this form.

Sincerely,

Ronnetta Adams

Ronnetta Adams
Treasurer
Health Partners Inc PAC

2017 AUG 03 AM 7:37

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2017 AUG 09 AM 7:37

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Health Partners Of Philadelphia, Inc. Political Action Committee

ADDRESS (number and street) 901 Market Street
Suite 500
 Check if different than previously reported. (ACC) Philadelphia PA 19107

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00484246

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 / 01 / 2017 through 06 / 30 / 2017

I 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 Ronnetta Adams

Signature of Treasurer _____

Date

07 / 19 / 2017

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

Office Use Only							
-----------------------	--	--	--	--	--	--	--

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Health Partners of Philadelphia, 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="2017"/>		4803.23
(b) Cash on Hand at Beginning of Reporting Period.....	6782.23	
(c) Total Receipts (from Line 19)	0.00	1979.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6782.23	6782.23
7. Total Disbursements (from Line 31).....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6782.23	6782.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

Report Covering the Period: From: 06 / 01 / 2017 To: 06 / 30 / 2017

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	1979.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	1979.00
(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	1979.00
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	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	1979.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	1979.00

NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) 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) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00

NEWTON.COM

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	1979.00
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

NON-CONFIDENTIAL

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)			PAGE	OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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 of Philadelphia, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A.			Date of Receipt
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	
FEC ID number of contributing federal political committee.		<input type="text"/>	Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	

Full Name (Last, First, Middle Initial) B.			Date of Receipt
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	
FEC ID number of contributing federal political committee.		<input type="text"/>	Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	

Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	
FEC ID number of contributing federal political committee.		<input type="text"/>	Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	

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

REPRODUCTION OF THIS FORM IS PROHIBITED

**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"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 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 of Philadelphia, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: M M M / D D D / Y Y Y Y Y Y Y Y

Category/Type

Amount of Each Disbursement this Period _____

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: M M M / D D D / Y Y Y Y Y Y Y Y

Category/Type

Amount of Each Disbursement this Period _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: M M M / D D D / Y Y Y Y Y Y Y Y

Category/Type

Amount of Each Disbursement this Period _____

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

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

2017-10-01 10:00:00 AM

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.

1	Ending Balance	3,759.82
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		2

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		4

	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		4

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.


NON-CONFIDENTIAL

Adams, Ronnetta

From: Gibb, Susan M <Susan.Gibb@td.com>
Sent: Tuesday, July 25, 2017 11:32 AM
To: Dodi, Joe
Cc: Adams, Ronnetta; AMCB Health Partners of Philadelphia
Subject: RE: Federal PAC ACCT

Hi Joe,

The transfer has been completed!

Susan Gibb | Sales Support Specialist II , AVP | Treasury Management Services
 **Bank, America's Most Convenient Bank®**
NJ5-011-105 | 1701 Route 70 East | Cherry Hill, NJ 08034
T: 856 437 3854 | M: 609 500 5024

For Treasury Management Services Support please call 1-866-475-7262 or email TMSS@td.com

From: Dodi, Joe [<mailto:jdodi@hpplans.com>]
Sent: Tuesday, July 25, 2017 11:00 AM
To: Gibb, Susan M
Cc: Adams, Ronnetta; AMCB Health Partners of Philadelphia
Subject: RE: Federal PAC ACCT

Thanks Susan,
We made a mistake with the deposit.
Is it possible for you to do a book entry transaction and move the funds to the State PAC acct ending #3300?

Let me know

Joe

Joe Dodi, CTP
Vice President and Treasurer
Health Partners Plans
(215) 991-4139
Email: jdodi@hpplans.com



Health Partners Plans

From: Gibb, Susan M [<mailto:Susan.Gibb@td.com>]
Sent: Tuesday, July 25, 2017 10:55 AM
To: Dodi, Joe
Cc: Adams, Ronnetta; AMCB Health Partners of Philadelphia
Subject: RE: Federal PAC ACCT

Thank you! I have attached it for your reference. It is password protected; I will send the password in another email shortly.

Susan Gibb | Sales Support Specialist II , AVP | Treasury Management Services
TD Bank, America's Most Convenient Bank®
NJ5-011-105 | 1701 Route 70 East | Cherry Hill, NJ 08034
T: 856 437 3854 | M: 609 500 5024

For Treasury Management Services Support please call 1-866-475-7262 or email TMSS@td.com

From: Dodi, Joe [<mailto:jdodi@hpplans.com>]
Sent: Tuesday, July 25, 2017 10:53 AM
To: Gibb, Susan M
Cc: Adams, Ronnetta; AMCB Health Partners of Philadelphia
Subject: RE: Federal PAC ACCT

Welcome back Sue,
I believe will be able to pull the check myself.

Thanks
Joe

Joe Dodi, CTP
Vice President and Treasurer
Health Partners Plans
(215) 991-4139
Email: jdodi@hpplans.com



Health Partners Plans

From: Gibb, Susan M [<mailto:Susan.Gibb@td.com>]
Sent: Tuesday, July 25, 2017 10:51 AM
To: Dodi, Joe; AMCB Health Partners of Philadelphia
Cc: Adams, Ronnetta
Subject: RE: Federal PAC ACCT

Good morning Joe,

It was a Digital Express deposit. Would you like the checks that were attached to that deposit?

Susan Gibb | Sales Support Specialist II , AVP | Treasury Management Services
TD Bank, America's Most Convenient Bank®
NJ5-011-105 | 1701 Route 70 East | Cherry Hill, NJ 08034
T: 856 437 3854 | M: 609 500 5024

For Treasury Management Services Support please call 1-866-475-7262 or email TMSS@td.com

From: Dodi, Joe [mailto:jdodi@hpplans.com]
Sent: Tuesday, July 25, 2017 10:46 AM
To: AMCB Health Partners of Philadelphia
Cc: Gibb, Susan M; Adams, Ronnetta
Subject: RE: Federal PAC ACCT

It came into the acct June 9th.

From: Dodi, Joe
Sent: Tuesday, July 25, 2017 10:46 AM
To: HPP TD VIP (healthpartners@td.com)
Cc: Gibb, Susan M; Adams, Ronnetta
Subject: Federal PAC ACCT

Hello,
There is a transaction for \$1,977.59 that came into our Fed Pac acct nbr ending in 0703.
We are not sure if this belongs to us. Can you please provide more details for us?

Thanks
Joe

Joe Dodi, CTP
Vice President and Treasurer
Health Partners Plans
(215) 991-4139
Email: jdodi@hpplans.com



Health Partners Plans

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This message and any attachments may contain confidential or privileged information and are intended only for the use of the intended recipients of this message. If you are not the intended recipient of this message, please notify the sender by return email, and delete this and all copies of this message and any attachments from your system. Any unauthorized disclosure, use, distribution, or reproduction of this message or any attachments is prohibited and may be unlawful.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

NOTHING TO BE PRINTED



TD eTreasury

[eLearning](#) | [Help](#) | [Preferences](#) | [Messages](#) | [Log Off](#)

[DASHBOARD](#) | [INFORMATION REPORTING](#) | [PAYMENTS](#) | [CHECK SERVICES](#) | [FILE SERVICES](#) | [FRAUD CONTROL](#)

[Balances](#) | [Statements](#) | [Transaction Search](#) | [Reports](#) | [Export](#) | [Cash Position Worksheet](#)

Transaction Search Results

Use this screen to view results for a transaction search. Click the Search button for a new search.

Search Results for:
Account: FEDERAL POLITICAL ACTION COMMITTEE
Transaction Type: All Transactions
Date: 06/01/2017 to 07/25/2017
Exact Amount:
Amount to:



Search Results

<u>Date</u> ▼	<u>Account</u>	<u>Description</u>	<u>Debit (-)</u>	<u>Credit (+)</u>	<u>Image</u>
07/25/2017	FEDERAL POLITICAL ACTION COMMITTEE - 4250500703	IM WITHDRAWL	\$1,977.59		
06/09/2017	FEDERAL POLITICAL ACTION COMMITTEE - 4250500703	RDC COMMERCIAL		\$1,977.59	View Image Item List

[Contact Us](#) | [Terms of Use](#) | [Privacy and Security](#)
© 2017 TD Bank, N.A. All Rights Reserved.

2017-08-03 00:16:08 46

0

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS



Health Partners Plans

WELLS FARGO BANK, N.A.
SAN FRANCISCO, CA
11-241210

CHECK NO.: 119437

901 Market Street, Suite 500
Philadelphia, PA 19107

*ONE THOUSAND NINE HUNDRED SEVENTY-SEVEN AND 59 / 100

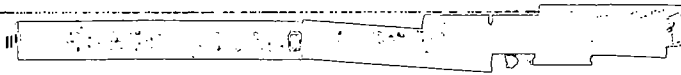
DATE
6/9/2017

AMOUNT
*****1,977.59*

PAY TO THE ORDER OF
Health Partners
Political Action Committee
901 Market Street, Suite 500
Philadelphia, PA 19107

Union Bros

Karen A. Aronson



Account: [REDACTED]
Amount: 1,977.59
PostDate: 20170609
Tran_ID: 717746721
CheckNum: 119437
DIN: 717746726
ReturnReasonDescription:
ECEItemSeqNum: 00000717746726

NOT FOR DEPOSIT ONLY

ENDORSE HERE DEPOSIT ONLY
X Health Partners Plans Inc
4250500703

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

D
This security feature is designed to help you identify the security features of this document. For more information, visit www.wellsfargo.com.
Security Features:
- Microprint: Small text around the perimeter of the document.
- Color: The document is printed in color.
- Watermark: A watermark is visible in the background.
- Security Thread: A security thread is embedded in the paper.
- Hologram: A hologram is located on the back of the document.
- UV Features: The document has UV features that are visible under ultraviolet light.
- Magnetic Ink: The document has magnetic ink that is used for processing.
- Security Features: The document has security features that are used for processing.

Account: 2088210028999
Amount: 1,977.59
PostDate: 20170609
Tran_ID: 717746721
CheckNum: 119437
DIN: 717746726
ReturnReasonDescription:
ECEItemSeqNum: 00000717746726

Amount: \$1,977.59

Account #: [REDACTED]

Location Code: 1 (1)

Credit Date: 20170609

User: jdodi

Location: Health Partners Plans Inc

Item Count: 1

**Deposit
Ticket**

Account: [REDACTED]

Amount: 1,977.59

PostDate: 20170609

Tran_ID: 717746721

CheckNum: 1

DIN: 717746721

ReturnReasonDescription:

ECEItemSeqNum:

Account: [REDACTED]

Amount: 1,977.59

PostDate: 20170609

Tran_ID: 717746721

CheckNum: 1

DIN: 717746721

ReturnReasonDescription:

ECEItemSeqNum:

20170609 08:00:00 AM

NO POSTAGE NEEDED IF MAILED IN THE UNITED STATES

Konveta Adams
971 Market Street
Ste 500
Philadelphia, PA 19107



RECEIVED
FEC MAIL CENTER
2017 AUG -3 AM 7:37

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

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt <i>8/3/2017</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MP*
 (3/2015)

8/3/2017
 DATE PREPARED

20170803 10:00:00 AM