September 25, 2017 and september 25 and

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Federal Election Commission (1999) E Street, N.W.

I should be also was at your and you

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 August 1, 2017 thru August 31, 2017. You may contact me at 215.991.4419 or radams@hpplans.com if you have any questions concerning this form.

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经银票价格。

Sincerely,

Ronnetta Adams

Treasurer

Health Partners Inc PAC

2017-10-02-03-00174849

FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED FEC MAIL CENTER

Rev. 12/2004

For Other Than An Authorized Committee Office Use Only TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. Health Partners Of Philadelphia, Inc. Political Action Committee 1901 Market Street ADDRESS (number and street) |Suite 500 Check if different than previously PA 19107 Philadelphia reported. (ACC) FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE A 3. IS THIS NEW **AMENDED** 00484246 REPORT OR (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Report (Choose One) Year Only) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runof &1 July 15 **PRE**-Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) N in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election Runoff (30R) **POST-Election** General (30G) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 08 2017 through Covering Period 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 2017 Signature of Treasurer Date 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 FEC FORM 3X Use

2017-10-02-03-00174850

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

(b) Cash on Hand at Beginning of Reporting Period	ı	PEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	F	age 2
COLUMN A This Period Calendar Year-to-Date 6. (a) Cash on Hand January 1, 2017 (b) Cash on Hand at Beginning of Reporting Period	V		a, Inc. Political Action Committee		
This Period Calendar Year-to-Date 6. (a) Cash on Hand January 1, 2017 (b) Cash on Hand at Beginning of Reporting Period	R	eport Covering the Period: From:	3 ' 01 ' 2017 _{To:}	08 / 31 /	2017
January 1, 2017 (b) Cash on Hand at Beginning of Reporting Period					
Beginning of Reporting Period	6.	1 0047			4803.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)			7661.73		· n u
6(c) for Column A and Lines 6(a) and 6(c) for Column B)		(c) Total Receipts (from Line 19)	0.00		2858.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		6(c) for Column A and Lines	7661.73		, 7661,73
Reporting Period (subtract Line 7 from Line 6(d))	7.	Total Disbursements (from Line 31)	0.00		0.00
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	8.	Reporting Period	7661.73		7661.73
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	9.	the Committee (Itemize all on			M K d d d
For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463	10.	the Committee (Itemize all on			1 3 1 1
Federal Election Commission 999 E Street, NW Washington, DC 20463		This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)		4 ((
999 E Street, NW Washington, DC 20463		F	or further information contact:	-	
Toll Free 800-424-9530			999 E Street, NW		; ; ;
Local 202-694-1100	_				; ; ;

2017-10-02-03-00174851

DETAILED SUMMARY PAGE

of Receipts

Fage 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Partners Of Philadelphia Inc. Political Action Committee

Report Covering the Period: From:	′ 01 ′ 2017 то	o: 06 / 30 / 2017
I. Receipts	COLUMN A Total This Period	COLUMN E Calendar Year-tc-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
(ii) Uniternized(iii) TOTAL (add	0.00	2858.50 2858.50
Lines 11(a)(i) and (ii)		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees	0.00	2858.50
13. All Loans Received		
14. Loan Repayments Received		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00
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	2858.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	2858.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B** II. Disbursements **Total This Period** 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 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees 0.00 and Other Political Committees..... 24. Independent Expenditures (use Schedule F).... 26. Loan Repayments Made..... 27. 28. Loans Made..... Refunds of Contributions To: Individuals/Persons Other (a) 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, 0.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 0.00 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Oper penditures	ating Ex-	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than (from Line 11(d), page 3) 	′ l	0.00	2858.50
34. Total Contribution Refunds (from Line 28(d))			
 Net Contributions (other than (subtract Line 34 from Line 3 	· · · · · · · · · · · · · · · · · · ·		
 Total Federal Operating Expe (add Line 21(a)(i) and Line 2 		0.00	0.00
 Offsets to Operating Expendit (from Line 15, page 3) 			
 Net Operating Expenditures (subtract Line 37 from Line 3 	6)	0.00	0.00

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SCHEDULE A (FEC Form 3X)

OF FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11c 12 Detailed Summary Page 13 16 17 15 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) Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Occupation Name of Employer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....



E STATEMENT OF ACCOUNT

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE 901 MARKET ST STE 500 PHILADELPHIA PA 19107 Page:
Statement Period:
Cust Ref #:
Primary Account #:

1 of 2 Aug 01 2017-Aug 31 2017

NP Advantage Checking

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE

ACCOUNT SUMMARY			
Beginning Balance	7,661.73	Average Collected Balance	7,661.73
		Interest Earned This Period	0.00
Ending Balance	7,661.73	Interest Paid Year-to-Date	0.00
	•	Annual Percentage Yield Earned	0.00%
:		Days in Period	31
•		•	

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

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.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.

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2 of 2

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Total Withdrawals Adjusted Balance	77
Total Withdrawals: (S) Adjusted Balance	

DEPOSITS NOT ON STATEMENT	DOLLARS CENTS	
Total Deposits		

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
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WITHDRAWALS NOT ON STATEMENT	DOLLARS CEN		ENTS	
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Withdraw 's				0

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.

FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

2017 OCT -2 AMII: 26





999 E Street, N.W. Lederal Election (

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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.

·	Date of Receipt
Hand Delivered	
Postmarked	Date of Receipt
USPS First Class Mail	
	10/2/2017
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	10/2/2019-
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PREPARER	DATE PREPARED
(3/2015)	