March 2, 2016

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 Philadelpia, Inc. Political Action Committee (FEC ID C00484246) for the period February 1, 2016 thru February 29, 2016. You may contact me at 215.991.4419 or radams@hpplans.com if you have any questions concerning this form.

Sincerely,

Ronnetta Adams

Treasurer

Health Partners Inc PAC

Connetta adums

2016 - 0M - 11 - 0M - 00055000

FEC FORM 3X

Use

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

200000 AP 7: 03

Rev. 12/2004

1. NAME OF COMMIT	= ΓΕΕ (in full)	TYPE OR	PRINT ▼		cample: If ty er the lines.		12FE4M5			
Health Pa	artners Of Ph	iladelph	ija, Inc. I	Political Ac	tion Com	mittee	<u> </u>	<u> </u>		
		1 1_1_					<u> </u>	<u> </u>		
ADDRESS (no	umber and street)	901 N	larket S	treet		<u></u>	1 1 1	<u> </u>		
▼	,	Suite	500			! ! ! ! !		1 1 1	1 1	
than	ck if different previously rted. (ACC)	Philad	delphia				PA	19107		
2. FEC IDE	NTIFICATION N	UMBER 1	,	CITY 🛦		· · · · · · · · · · · · · · · · · · ·	STATE A	·	ZIP COD	DE _
C 004	84246			3. IS THIS REPOR	(1) X (1)	NEW (N) OR	AI (A	MENDED		
4. TYPE C	OF REPORT One)		eport 📙	Feb 20 (M	2)	May 20 (M5)	Aug	20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Quar	terly Reports;	Di	ue On:	Mar 20 (M	3)	Jun 20 (M6)	Sep	20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4) []	Jul 20 (M7)	Oct	20 (M10)		Jan 31 (YE)
Language	Quarterly Report (0 July 15	Q1) (c)	12-Day PRE -Ele	ction	Primary (1	2P)	General	(12G)		Runoff (12R)
	Quarterly Report (0 October 15	Q2)	Report for		Convention	n (12C)	Special	(12S)		
	Quarterly Report (0 January 31			Election on	MVM	/ 0 0 0 / /	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7146	in the State of	
	Year-End Report (\) July 31 Mid-Year	YE) (d)	30-Day	Election on		<u>L</u>			State Of	
	Report (Non-electic Year Only) (MY)	on (a)	POST-E	[U]]	General (3	80G)	Runoff	(30R)		Special (30S)
	Termination Report (TER)	t 		Election on		/ DVD /	`Y`U`Y [*] 4`Y`U`Y		in the State of	
5. Covering	Period 0	2 0	1 /	2016	through	02	[′] [[°] 29]	201	6	
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 Treasure	er Roi	nnetta A	dams					,	
Signature of Treasurer Amulaliams Date 3 1 2016										
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.										
Offi	ce							FEC	FOR	м зх

20-6 OM - 11 OM - 000555005

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

FEC Form 3X (Hev. 02/2003)		Page 2
Write or Type Committee Name Health Partners of Philadelph	ia, Inc. Political Action Committee	9
Report Covering the Period: From:	2 / 01 / 2016 To	o. 02 / 29 / 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		3112.68
(b) Cash on Hand at Beginning of Reporting Period	3508.68	
(c) Total Receipts (from Line 19)	0.00	396.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3508.68	3508.68
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3508.68	3508.68
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)	And the state of t	
This committee has qualified as a multica	ndidate 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

2016 : 0% : 11 : 0M : 00055886

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name Health Partners Of Philadelphia, Inc. Political Action Committee

R	eport Covering the Period: From:	2 01 2016 T	o: 02 29 2016
	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 (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	396.00
	(b) Political Party Committees(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees	0.00	396.00
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5)		
	Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds		0.00
	(a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)(c) Total Transfers (add 18(a) and 18(b))		2 P. 173 5 2 573 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		the second secon	See and the second seco
•	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	396.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	396.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

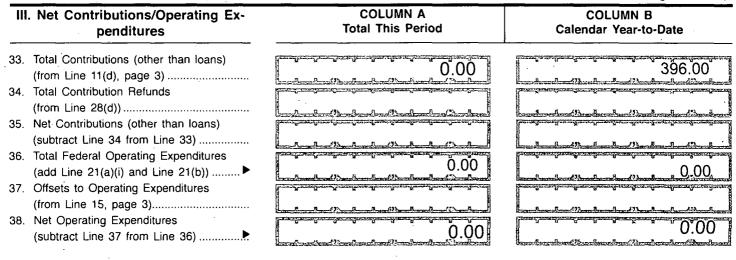
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	handantenkantentententenkantententenkantententenkantententenkantententenkantententenkantentenkantentenkantente	
	(i) Federal Share		
	(ii) Non-Federal Share(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures		0.00
22.	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	mma
23.	Committees	0.00	0.00
24.	Independent Expenditures		
25.	(use Schedule E)		
26	Loan Repayments Made	Control of the Contro	
20.	Loan Repayments Made	process from the state of the s	nere en la como de como de la como La como que como de la
27. 28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	garangun ang anang manang	
	(b) Political Party Committees		Construction of the second the second
	(c) Other Political Committees (such as PACs)	The state of the s	the second secon
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	A /25 A /25 A /25 A /25 A	
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	Confirmation of the section of the s	
	(,, , , , , , , , , , , , , , , , , , ,	Committee of the Commit	
	(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 g
."		Bearing the section of the section o	been of a market and I have been contracted by the second and it is not been a fine and it is no

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5



•
Ó
1 6
0 Z
03
Ō
0
Õ
لي
Þ
8
2888

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the result of NAME OF COMMITTEE (In Full) Health Partners of Philadel		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) B. Mailing Address	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period Date of Receipt
Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M-M / 0 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		

11.0
3
0000
1589
Õ

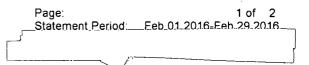
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting con or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such cor NAME OF COMMITTEE (In Full) Health Partners of Philadelphia, Inc. Political Action Committee Full Name (Last, First, Middle Initial) A. Date of Disbursement Candidate Name Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement	25 - 20
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such cor NAME OF COMMITTEE (In Full) Health Partners of Philadelphia, Inc. Political Action Committee Full Name (Last, First, Middle Initial) A. Date of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Other (specify) ▼ Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Date of Disbursement	25 26 29 30b
NAME OF COMMITTEE (In Full) Health Partners of Philadelphia, Inc. Political Action Committee Full Name (Last, First, Middle Initial) A. Date of Disbursement Mailing Address City State Disbursement For: Senate Primary Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement Category/ Type Amount of Each Disbursement Other (specify) Date of Disbursement Date of Disbursement Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement	
A. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement Amount of Each Disbursement Other (specify) ▼ Date of Disbursement Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement	
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement	
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement	
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Amount of Each Disbursement	
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement	
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement	this Period
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement	
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement	
Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement	•
Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement	▗ ▗ ▗▗ ▗ ▗ ▗ ▗ ▗
Purpose of Disbursement Amount of Each Disbursement	1
Amount of Each Disbursement	
Candidate Name Category/	
Office Sought: House Disbursement For: Senate Primary General President X Other (specify) ▼ State: District:	Tananak da mada manak
Full Name (Last, First, Middle Initial) C. Date of Disbursement	
Mailing Address	WY TY
City State Zip Code	
Purpose of Disbursement	
Candidate Name Category/ Type Amount of Each Disbursement	E Lavilantikani
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Lee Consol
State: District:	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)	24 : }



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE 901 MARKET ST STE 500 PHILADELPHIA PA 19107



NP Advantage Checking

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE

ACCOUNT SUMMARY			
Beginning Balance	3,508.68	Average Collected Balance Annual Percentage Yield Earned	3,508.68
Ending Balance	3,508.68	Days in Period	29

E

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:
- 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.

0	
Ending Balance	3,508.68
Dalarice	
Ø	
Total Deposits	*
,	
Ð	
Sub Total	
Ø Total	
Withdrawals	
A	

Page:

2 of 2

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
		
Total Deposits		3

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		0

Balance

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.



Symuta udamo woodingoo wo it wo of one

Fideral Election Comm 1999 Estrut, N. W. Washington OC 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.		
Hand Delivered	Date of Receipt	
USPS First Class Mail	Date of Receipt 3/11/16	
USPS Registered/Certified	Postmarked (R/C)	
USPS Priority Mail	Postmarked	
USPS Priority Mail Express	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Next Business Day Delivery		
Received from House Records & Registration Offic	Date of Receipt ee	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	ite of Receipt or Postmarked	
PREPARER (3/2015)	3/11/16 DATE PREPARED	