

FEC MAIL CENTER 2020 OCT 15 PM 2: 50

October 2, 2020

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

Dear Madam or Sir,

Enclosed please find Health Partners Plans, Inc. Political Action Committee (FEC ID C00484246) Report of Receipts and Disbursements (Form 3X) for the period of July 1, 2020 through September 30, 2020.

If you have any questions or need additional information, please contact me at (215) 991-4139 or idodi@hpplans.com.

Sincerely,

Joe Dodi Treasurer

Health Partners Plans PAC

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

TYPE OR PRINT ▼

2020 OCT 15 PM 2: 50

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type 12FE4	M5
Щ	ealth Partners Plans	, Inc. Political Action (Committee		
L	Check if different than previously reported. (ACC) FEC IDENTIFICATION N	901 Market Street Suite 500 Philadelphia UMBER ▼ CIT	Y A	PA STATE A	19107 ZIP CODE ▲
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Counterly Report (Counterly Report (Counterly Report (Counterly Report (Counterly Report (Non-election Year Only) (MY) Termination Report (TER)	(b) Monthly Report Due On: Mar Collician (c) 12-Day PRE-Election Report for the: Collician (d) 30-Day POST-Election Report for the:	20 (M3) July 20 (M4) July 20 (M4) July 20 (M2P) Convention (1)	ay 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) ral (12G) In the State of Special (30S) In the State of
	Covering Period	7 / 01 / 2020	through	olief it is true correct	2020 °
Type	e or Print Name of Treasure nature of Treasurer TE: Submission of false, error	The Dol	2.	Date	and complete. 10 20 2020 o the penalties of 2 U.S.C. §437g.
1	Office Use Only			;	FEC FORM 3X Rev. 12/2004

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Partners Plans, Inc. Political Action Committee 2020 Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 15,507.46 2020 January 1. (b) Cash on Hand at 15,507.46 Beginning of Reporting Period..... 0.00 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 15,507.46 15,507.46 6(a) and 6(c) for Column B) 0.00 0.00 7. Total Disbursements (from Line 31).......... Cash on Hand at Close of Reporting Period 15,507.46 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO 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

NOND : HO : HO : OM : OOMAGOOO

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004) Page 3

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

R	eport Covering the Period: From:	′ °01° ′ ° 2020 °	то: Мо9 / 30 / 2020 У
	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	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	0.00
	(b) Political Party Committees		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees	0.00	
13.	All Loans Received		
15.	Loan Repayments Received		
	to Federal Candidates and Other Political Committees		(3)
	Other Federal Receipts (Dividends, Interest, etc.)		0.00
	(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	0.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	0.00

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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) (i) Federal Share		Calcinual Teal-to-Date
	(ii) Non-Federal Share		
	(b) Other Federal Operating		2)
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures		<u> </u>
	(add 21(a)(i), (a)(ii), and (b))▶	9.00	0.00
22.	Transfers to Affiliated/Other Party		
23	Contributions to		
20.	Federal Candidates/Committees and Other Political Committees	0,00	0.00
	Independent Expenditures		
25.	(use Schedule E)		
	``		3
26.	Loan Repayments Made		
	F		
27. 28	Loans MadeRefunds of Contributions To:		
20.	(a) Individuals/Persons Other		
	Than Political Committees	/3 / / / / / / / / / / / / / / / / / /	
	(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	0.00	0.00
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		
	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
	<u> </u>	,, U.U.	(2)
32.	Total Federal Disbursements		•
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		0.00
	from Line 31)	0.00	0.00
	 -		

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	0.00
34. Total Contribution Refunds (from Line 28(d))		(1)
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
66. 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

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SCHEDULE A (FEC Form 3X)	Lien concrete cohodule/e	FOR LINE NUMBER: PAGE OF			
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by any pe and address of any political committee	person for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Health Partners Plans, Inc. Po		Services non sour committee.			
Full Name (Last, First, Middle Initial) A.		Date of Receipt			
Mailing Address		Mam / Dad / Askara			
City S	tate Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
Name of Employer Occ	upation				
Receipt For: Primary General Other (specify) ▼	gregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial) B.		Date of Receipt			
Mailing Address		M M / D D / Y T Y T Y			
City S	tate Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
	eupation				
Receipt For: Primary General Other (specify) ▼	gregate Year-to-Date ▼]			
Full Name (Last, First, Middle Initial) C.		Date of Receipt			
Mailing Address		Maw / Dap / Arana			
	tate Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
	upation				
Receipt For: Primary General Other (specify) ▼	gregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)					

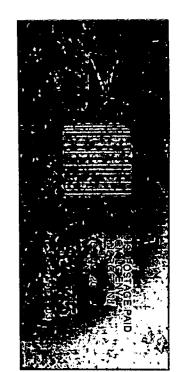
TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE OF		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c 29	26 30b	
Any information copied from such Reports and Statem	ents may not be sold or used	لستبلسا		ــــــــــــــــــــــــــــــــــــــ	
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 Plans, Inc. Political Action Committee					
Full Name (Last, First, Middle Initial)			Date of Dishursoment		
Α.			Date of Disbursement	ı	
Mailing Address					
City	tate Zip Code				
Purpose of Disbursement	ſ		Amount of Each Disbursement this Period	od	
Candidate Name		Category/ Type			
Office Sought: House Disbursem	ent For:				
	Primary ☐ General Other (specify) ▼				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement		
Mailing Address			Many / Pap / And		
City	tate Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Perio	nd .	
Candidate Name	L -	Category/ Type			
Office Sought: House Disbursem	ent For:	1,700	,		
اسا السا	Primary General				
State: President X	Other (specify)				
Full Name (Last, First, Middle Initial)					
2.			Date of Disbursement	ı	
Mailing Address			M M / D D J / Y T Y T Y T Y		
City	ate Zip Code				
Purpose of Disbursement Candidate Name Category/ Type			Amount of Each Disbursement this Perio	nd	
			The Property of the Property o		
Office Sought: House Disbursem					
President	Primary ☐ General Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		······	(3)		
TOTAL This Period (last page this line number only)					

FEDERAL ELECTION GMM/SIN 999 ESTREET KW WASHINGTON, DC 20463





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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** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):

DATE PREPARED

(3/2015)

PREPARER