

RECEIVED FEC MAIL CENTER 2017 MAY 15 AM 7:07

April 20, 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 March 1, 2017 thru . March 31, 2017. You may contact me at 215.991.4419 or <u>radams@hpplans.com</u> if you have any questions concerning this form.

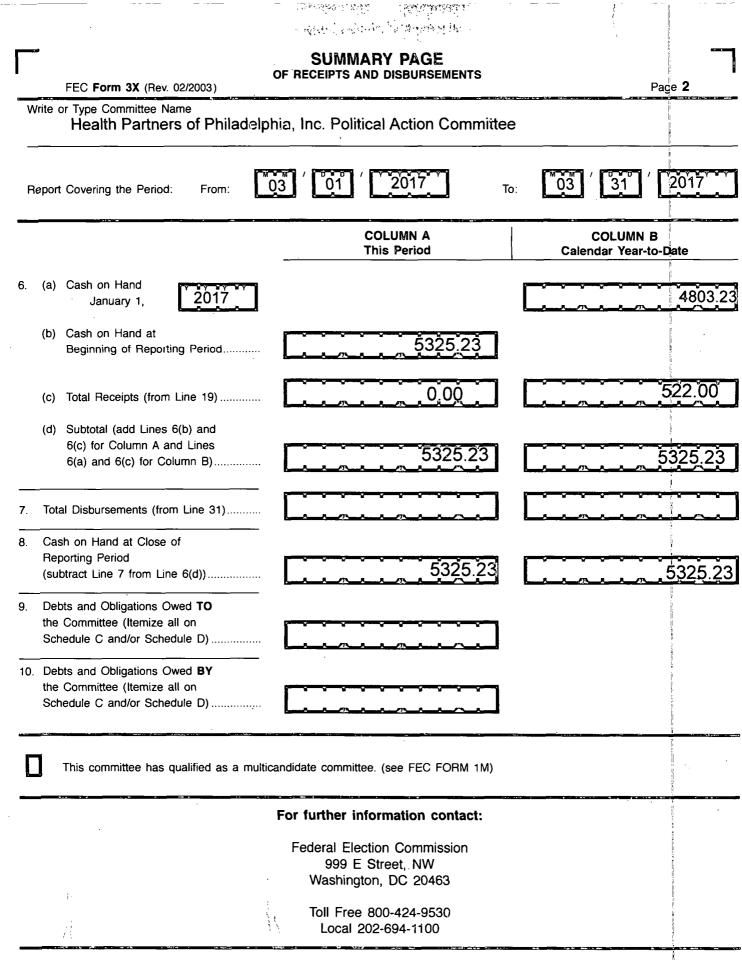
Sincerely,

Ronnetta adams

Ronnetta Adams Treasurer Health Partners Inc PAC

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FEC REPORT OF PECEIPTS RECEIVED FORM 3X REPORT OF PECEIPTS FEC MAIL CENTER For Other Than An Authorized Committee 2017 MAY 15 AM 7: 07 Office Use Only 07	
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	Ι
ADDRESS (number and street)	
Check if different	
L than previously reported. (ACC) Philadelphia PA 19107	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲	
C 00484246 3. IS THIS REPORT (N) OR (A)	
4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M (Nov-Election Peer Only) (a) Quarterly Reports: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M (Nov Election Peer Only) (b) Monthly Report Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M (Nov Election Peer Only) (c) L2-Day Mar 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (Y (C) (c) L2-Day Mar 20 (M4) Primary (12P) General (12G) Runoff (12 PRE-Election Report for the: July 31 Mid-Year Report (Non-election Year Only) (MY) Election on Mar 4 Du 0 Special (12S) (d) July 31 Mid-Year Report for the: Election on General (30G) Runoff (30R) Special (3 Special (3 Covering Period Special (3 Covering Period Special (3 Covering Period Mar 4 Du 0	/12) /E) /R)
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	دکید
Signature of Treasurer Ronnetla adams Date 04 20 2017	۰ ۲
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §43 Office Use Bev. 12/2004	7g.



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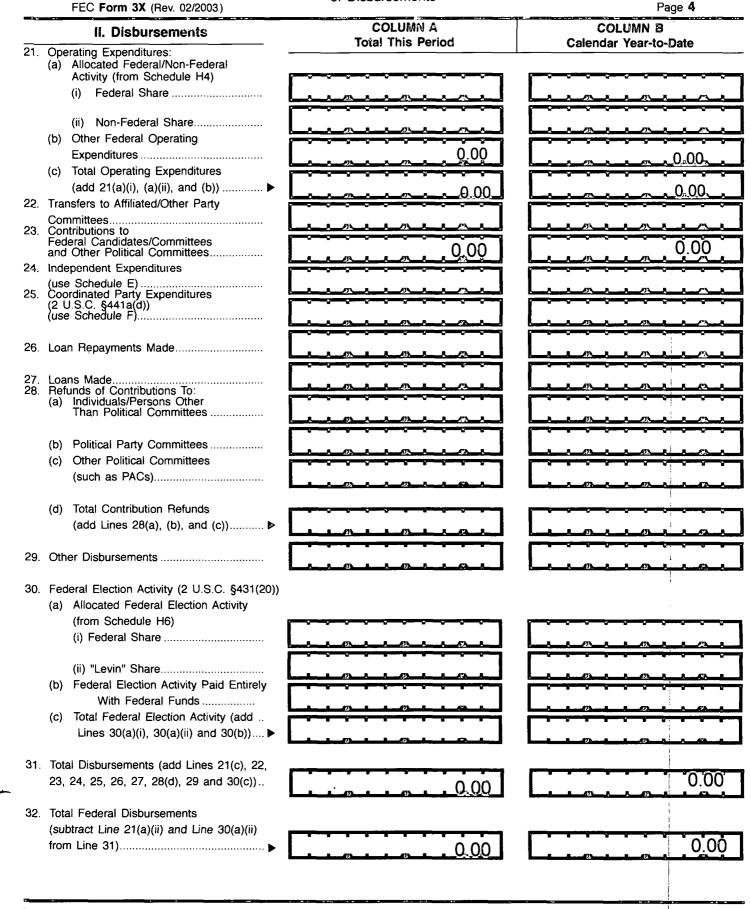
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		TAILED SUMMARY PAGE of Receipts	
W	FEC Form 3X (Rev. 06/2004)	a al − a parte − a alga da a para a a gi a qua den una sente standara per se en a a antena a para te	Page 3
	Health Partners Of Philadelphia, I	nc. Political Action Committee	
Re	eport Covering the Period: From:	′ [©] 01 ′ <u>2017</u> ™ то:	03 / 31° / 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	522.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)►	0.00	522.00
	 (b) Political Party Committees (c) Other Political Committees (such as PACs)		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		
17.	Political Committees Other Federal Receipts		
18.	 (Dividends, Interest, etc.) 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	522.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	522.00

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DETAILED SUMMARY PAGE

of Disbursements

Page 4



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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	0.00	522.00
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
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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 2 13 14 15 6 17
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	······································	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: Primary General Other (specify) ▼	Aggregate Year-to-Date V]
Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	
TOTAL This Period (last page this line numb	er only)	I <u>have a subscript</u>

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CHEDULE B (FEC Form 3X)	· · · · · · · · · · · · · · · · · · ·	FOR LINE		PAGE	OF
EMIZED DISBURSEMENTS	Use separate schedule(s)	Check only			
EMIZED DISBURSEMENTS	for each category of the	21b	22 23	24 2	5 26
	Detailed Summary Page	27	28a 28b	28c 2	9 301
ny information copied from such Reports and State for commercial purposes, other than using the na				f soliciting cont	ibutions
NAME OF COMMITTEE (In Full)					
Health Partners of Philadelphia	, Inc. Political Action (Committee	e		
Full Name (Last, First, Middle Initial)					
			Date of Disburse	ment	· · · · ·
Mailing Address				┛└╍╸	
City	State Zip Code				
Purpose of Disbursement		7	Amount of Each	Disbursement t	his Period
Candidate Name	I	Category/ Type			
Office Sought: House Disburse	ement For:	76-			
Senate President	Primary General Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disburse	ment	
Mailing Address	, <u> </u>				
City	State Zip Code				
Purpose of Disbursement			Amount of Each	Disbursement ti	his Period
Candidate Name		Category/ Type			
Office Sought: House Disburse	ement For:	.140			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)	······································				
			Date of Disburse	ment	
			M TM / D'T		Y B Y 1
Mailing Address					
City	State Zip Code				
Purpose of Disbursement]	Amount of Each	Disbursement t	his Period
Candidate Name		Category/ Type			
Office Sought: House Disburs	ement For:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		())	
Senate	Primary General				
President	Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		•••••• •			M
TOTAL This Period (last page this line number onl	у)	•••••• •			OR

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America's Most Convenient Bank®

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

STATEMENT OF A

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NP Advantage Checking

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE

Beginning Balance	5,325.23	Average Collected Balance	5,325.23
		Annual Percentage Yield Earned	0.00%
Ending Balance	5,325.23	Days in Period	31

No Transactions this Statement Period

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

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.

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	· .	
-		•
Total Deposits		

- 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.

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
•	•	

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Ending	5,3 25.23
Ealance	
2	
Total	аў.
Deposits	
•	
3	
Sub Total	
4	
Totai	-
Withdrawals	
5	
Adjusted Balance	

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	•	
		-
-		
Total Withdrawals		0 .

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

(2)

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:

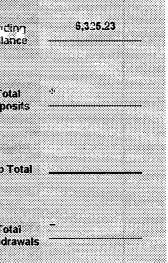
If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information.

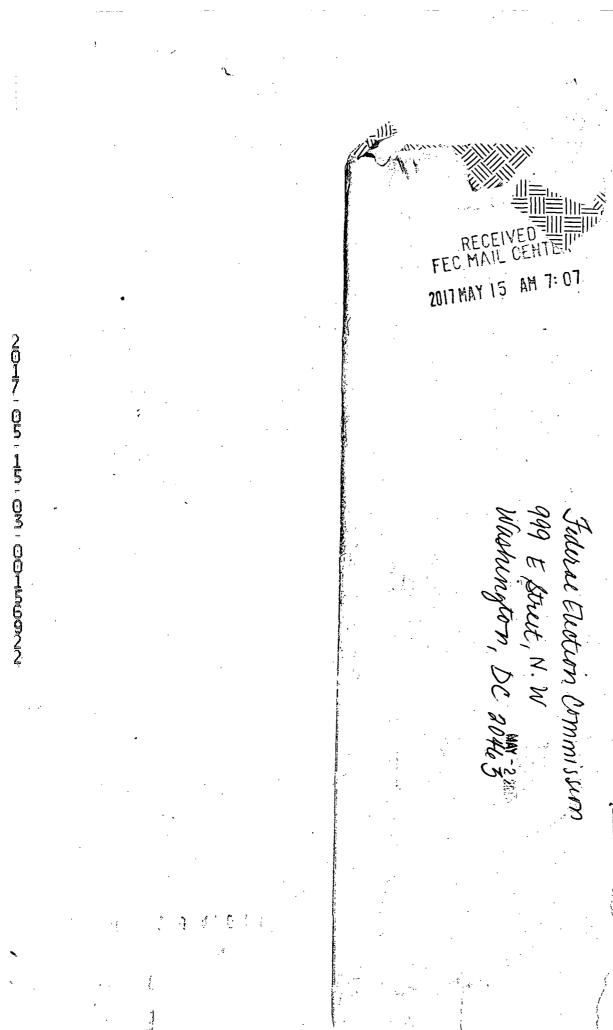
- Your name and account number...
- The dollar amount of the suspected error. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in guestion 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.

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Madelphia PA 19107

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail NINE	Date of Receipt
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 Bus	iness Day Delivery
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
Date Other (Specify):	of Receipt or Postmarked
PREPARER A	5/15/17 DATE PREPARED
(3/2015)	

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