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2017 NOV -3 AM 11:01

October 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 September 1, 2017 thru September 31, 2017. You may contact me at 215.991.4419 or [radams@hpplans.com](mailto:radams@hpplans.com) if you have any questions concerning this form.

Sincerely,



Ronnetta Adams  
Treasurer  
Health Partners Inc PAC

NOV 14 10 11 AM '17

**FEC  
FORM 3X**

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

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2017 NOV 03 AM 11:01

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 ▼** C00484246 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of   

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of   

5. Covering Period 09 / 01 / 2017 through 09 / 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 10 / 20 / 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.

**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:

09 / 01 / 2017

To:

09 / 30 / 2017

|                                                                                                                 | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2017                                                                          |                         | 4803.23                           |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                       | 7661.73                 |                                   |
| (c) Total Receipts (from Line 19).....                                                                          | 0.00                    | 2858.50                           |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....             | 7661.73                 | 7661.73                           |
| 7. Total Disbursements (from Line 31).....                                                                      | 0.00                    | 0.00                              |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                        | 7661.73                 | 7661.73                           |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  |                         |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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: **09 / 01 / 2017** To: **09 / 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 | 2858.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶                                                      | 0.00 | 2858.50 |
| (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 | 2858.50 |
| 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 | 2858.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 0.00 | 2858.50 |

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**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 |

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 0.00                          | 2858.50                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    |                               |                                   |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                |                               |                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

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

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

|                                      |                              |                              |                             |
|--------------------------------------|------------------------------|------------------------------|-----------------------------|
| FOR LINE NUMBER:<br>(check only one) |                              | PAGE                         | OF                          |
| <input type="checkbox"/> 1,1a        | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13          | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 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)                                                                                         |                          | 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.                                                                      |                          | Amount of Each Receipt this Period                                 |
| C <input type="text"/>                                                                                                          |                          | <input type="text"/>                                               |
| Name of Employer                                                                                                                | Occupation               |                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |                                                                    |
|                                                                                                                                 | <input type="text"/>     |                                                                    |

|                                                                                                                                 |                          |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)                                                                                         |                          | 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.                                                                      |                          | Amount of Each Receipt this Period                                 |
| C <input type="text"/>                                                                                                          |                          | <input type="text"/>                                               |
| Name of Employer                                                                                                                | Occupation               |                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |                                                                    |
|                                                                                                                                 | <input type="text"/>     |                                                                    |

|                                                                                                                                 |                          |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)                                                                                         |                          | 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.                                                                      |                          | Amount of Each Receipt this Period                                 |
| C <input type="text"/>                                                                                                          |                          | <input type="text"/>                                               |
| Name of Employer                                                                                                                | Occupation               |                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><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"/> |

NATIONAL COMMUNICATIONS CORPORATION

**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"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <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**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

Date of Disbursement

/    /

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Date of Disbursement

/    /

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Date of Disbursement

/    /

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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



**SCHEDULE C (FEC Form 3X)**

**LOANS**

|                                                                         |                        |    |
|-------------------------------------------------------------------------|------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE                   | OF |
|                                                                         | FOR LINE 13 OF FORM 3X |    |

NAME OF COMMITTEE (In Full)

|                                                                                                      |                                                                                                                                 |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City State ZIP Code | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

|                         |                            |                                             |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <input type="text"/>    | <input type="text"/>       | <input type="text"/>                        |

**TERMS**

|                      |                      |                              |                                                          |
|----------------------|----------------------|------------------------------|----------------------------------------------------------|
| Date Incurred        | Date Due             | Interest Rate                | Secured:                                                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

|                                            |                                                     |
|--------------------------------------------|-----------------------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation                                          |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation                                          |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation                                          |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation                                          |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |

|                                                               |                      |
|---------------------------------------------------------------|----------------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input type="text"/> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <input type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

20080101 10:00 AM

# SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

|                                           |                              |                                             |                |
|-------------------------------------------|------------------------------|---------------------------------------------|----------------|
| NAME OF COMMITTEE (In Full)               |                              | FEC IDENTIFICATION NUMBER<br><b>C</b> _____ |                |
| LENDING INSTITUTION (LENDER)<br>Full Name | Amount of Loan<br>_____      | Interest Rate (APR)<br>_____ %              |                |
| Mailing Address                           | Date Incurred or Established | MM / DD / YYYY                              | MM / DD / YYYY |
| City State Zip Code                       | Date Due                     | MM / DD / YYYY                              | MM / DD / YYYY |

A. Has loan been restructured?  No  Yes      If yes, date originally incurred MM / DD / YYYY

B. If line of credit, Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account: \_\_\_\_\_

Date account established: MM / DD / YYYY      Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

|                                                   |                        |
|---------------------------------------------------|------------------------|
| G. COMMITTEE TREASURER<br>Typed Name<br>Signature | DATE<br>MM / DD / YYYY |
|---------------------------------------------------|------------------------|

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

|                                                      |                        |
|------------------------------------------------------|------------------------|
| AUTHORIZED REPRESENTATIVE<br>Typed Name<br>Signature | DATE<br>MM / DD / YYYY |
| Title                                                |                        |

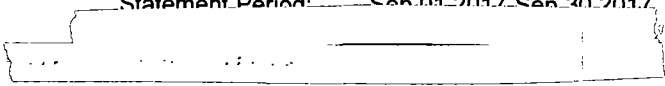


America's Most Convenient Bank®

E STATEMENT OF ACCOUNT

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

Page: 1 of 2  
Statement Period: Sep 01 2017 - Sep 30 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 |
| Ending Balance    | 7,661.73 | Interest Earned This Period    | 0.00     |
|                   |          | Interest Paid Year-to-Date     | 0.00     |
|                   |          | Annual Percentage Yield Earned | 0.00%    |
|                   |          | Days in Period                 | 30       |

**DAILY ACCOUNT ACTIVITY**

No Transactions this Statement Period

20170930 11:00 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    |   | 7,661.73 |
| 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.

WOODBRIDGE



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                                       | Date of Receipt<br>11/3/17                          |
| <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                       |
| <br>PREPARER | 11/3/17<br>DATE PREPARED                            |

2017-11-03 10:00:00