



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		197965.69
(b) Cash on Hand at Beginning of Reporting Period.....	201874.66	
(c) Total Receipts (from Line 19) .....	11285.94	68167.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	213160.60	266132.97
7. Total Disbursements (from Line 31).....	4051.09	57023.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	209109.51	209109.51
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

Write or Type Committee Name

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5947.12	41531.40
(ii) Unitemized .....	5338.82	26635.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11285.94	68167.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11285.94	68167.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11285.94	68167.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11285.94	68167.28

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	372.37
(b) Other Federal Operating Expenditures .....	51.09	51.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	51.09	423.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	49350.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	7250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4051.09	57023.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4051.09	56651.09

**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) .....	11285.94	68167.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11285.94	68167.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	51.09	51.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	51.09	51.09

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<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)  
**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

**A. Charles Boyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Newtown Woods Road

City Newtown Square State PA Zip Code 19073

FEC ID number of contributing federal political committee. **C**

Name of Employer UHS of DE Occupation VP and Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA11Al.13133**

Amount of Each Receipt this Period  
**41.74**

**B. Michael Carney**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 Muscadine Hill

City Madison State MS Zip Code 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer UHS of Delaware Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **257.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA11Al.13137**

Amount of Each Receipt this Period  
**30.00**

**C. Candida Constantine**  
Full Name (Last, First, Middle Initial)

Mailing Address 22012 Young Road

City Habingen State TX Zip Code 78552

FEC ID number of contributing federal political committee. **C**

Name of Employer UHS of Delaware Inc Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA11Al.13140**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>81.74</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

**A. Robert Denev**  
Full Name (Last, First, Middle Initial)

Mailing Address 16387 Cayenne Ridge Road

City San Diego State CA Zip Code 92127

FEC ID number of contributing federal political committee. **C**

Name of Employer UHS of DE Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 02 / 2015**

**Transaction ID : SA11Al.13147**

Amount of Each Receipt this Period  
**175.00**

**B. Gary Gilberti**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Newell Dr.

City Franklin State MA Zip Code 02038

FEC ID number of contributing federal political committee. **C**

Name of Employer UHS of DE Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 02 / 2015**

**Transaction ID : SA11Al.13153**

Amount of Each Receipt this Period  
**70.00**

**C. Laurence Harrod**  
Full Name (Last, First, Middle Initial)

Mailing Address 252 Woodland Road

City Wrightstown State PA Zip Code 18940

FEC ID number of contributing federal political committee. **C**

Name of Employer UHS of DE Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **349.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 02 / 2015**

**Transaction ID : SA11Al.13157**

Amount of Each Receipt this Period  
**41.66**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>286.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Gerard Hebert</b>			Date of Receipt MM / DD / YYYY 07 / 02 / 2015 <b>Transaction ID : SA11Al.13124</b>
Mailing Address 1101 S. Derby			Amount of Each Receipt this Period 300.00
City Sherman	State TX	Zip Code 75090	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer UHS of Delaware Inc.		Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Samuel Kaufman</b>			Date of Receipt MM / DD / YYYY 07 / 02 / 2015 <b>Transaction ID : SA11Al.13160</b>
Mailing Address 441 Beardsley Circle			Amount of Each Receipt this Period 200.00
City Henderson	State NV	Zip Code 89052	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00	
Name of Employer UHS of DE		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Nannette Lewis</b>			Date of Receipt MM / DD / YYYY 07 / 02 / 2015 <b>Transaction ID : SA11Al.13104</b>
Mailing Address 813 Dogwood Lane			Amount of Each Receipt this Period 250.00
City Columbia	State SC	Zip Code 29201	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer UHS of Delaware Inc.		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

**A. Jonathan McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7450 Falazon Court  
 City Nampa State ID Zip Code 83686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS of Delaware Inc. Occupation CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **07 / 02 / 2015**  
**Transaction ID : SA11Al.13164**  
 Amount of Each Receipt this Period **30.00**

**B. Bradley Neet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30771 Moonflower Lane  
 City Murrieta State CA Zip Code 92563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS of Delaware Inc. Occupation Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **560.00**

Date of Receipt **07 / 02 / 2015**  
**Transaction ID : SA11Al.13167**  
 Amount of Each Receipt this Period **90.00**

**C. Michael Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Lancaster Ave. #107  
 City Paoli State PA Zip Code 19301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS of Delaware Inc. Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 02 / 2015**  
**Transaction ID : SA11Al.13168**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

**A. Michele Nowak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Buck Cove  
 City Hernando State MS Zip Code 38632  
 Date of Receipt 07 / 02 / 2015  
**Transaction ID : SA11Al.13188**  
 Amount of Each Receipt this Period 250.00  
 Aggregate Year-to-Date 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer UHS of DE Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼

**B. Alan Olive**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9965 Bandana Way  
 City Reno State NV Zip Code 89521  
 Date of Receipt 07 / 02 / 2015  
**Transaction ID : SA11Al.13170**  
 Amount of Each Receipt this Period 250.00  
 Aggregate Year-to-Date 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer UHS of Delaware Inc. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼

**C. Jose Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 E Ramseyer Road  
 City Edinburg State TX Zip Code 78541  
 Date of Receipt 07 / 02 / 2015  
**Transaction ID : SA11Al.13176**  
 Amount of Each Receipt this Period 12.00  
 Aggregate Year-to-Date 228.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer UHS of DE Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 512.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
<input checked="" type="checkbox"/> 11a	<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

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NAME OF COMMITTEE (In Full)  
**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Kimberly Russo</b>		Date of Receipt
Mailing Address 1816 MacArthur Dr.		M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2015
City	State	Zip Code
McLean	VA	22101
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.13197</b>
Name of Employer UHS of DE		Amount of Each Receipt this Period
Occupation Associate Administrator		750.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	750.00	

Full Name (Last, First, Middle Initial) <b>B. Jean Scallon</b>		Date of Receipt
Mailing Address 4516 N. Outback Road		M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2015
City	State	Zip Code
Bloomington	IN	47404
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.13179</b>
Name of Employer UHS of Delaware		Amount of Each Receipt this Period
Occupation CEO		50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	395.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Seal</b>		Date of Receipt
Mailing Address 1 Summit Oaks Circle		M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2015
City	State	Zip Code
Denison	TX	75020
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.13123</b>
Name of Employer UHS of Delaware Inc.		Amount of Each Receipt this Period
Occupation CEO		600.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

**A. Gregory Stanek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1410 Manchester Dr.  
 City Champaign State IL Zip Code 61822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS of DE Occupation Project Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : SA11AI.13181**  
 Amount of Each Receipt this Period 200.00

**B. Patrick Swoopes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1523 Littlewoods Dr.  
 City Starksville State MS Zip Code 39759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS of Delaware Inc. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2015  
**Transaction ID : SA11AI.13190**  
 Amount of Each Receipt this Period 250.00

**C. Darlene Wetton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40184 Annapolis Dr.  
 City Temecula State CA Zip Code 92591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS of Delaware Inc Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 02 / 2015  
**Transaction ID : SA11AI.13182**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 15  
(check only one)

<input checked="" type="checkbox"/> 11a	<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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)  
**A. Gene Winters**

Mailing Address PO Box 748

City Bushland State TX Zip Code 79102

FEC ID number of contributing federal political committee. **C**

Name of Employer UHS of Delaware Inc Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.18**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 02 / 2015**

**Transaction ID : SA11AI.13184**

Amount of Each Receipt this Period  
**76.72**

Full Name (Last, First, Middle Initial)  
**B. Brian Wolfman**

Mailing Address 1155 23rd St NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer UHS of Delaware Inc Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 02 / 2015**

**Transaction ID : SA11AI.13126**

Amount of Each Receipt this Period  
**750.00**

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>826.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5947.12</b>

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. PROSPERITY ACTION INC.**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
PAC to PAC

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	09	/	2015

**Transaction ID : SB23.13209**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: OH District: 12

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2015

**Transaction ID : SB23.13205**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. WALDEN FOR CONGRESS**

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: OR District: 02

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	09	/	2015

**Transaction ID : SB23.13207**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

4000.00
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