

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines United Surgical Partners International, Inc. Political Action Committee

ADDRESS (number and street) 15305 Dallas Parkway, Suite 1600 Check if different than previously reported. (ACC) Addison TX 75001

2. FEC IDENTIFICATION NUMBER C00402073 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 John Wellik

Signature of Treasurer Electronically Filed by John Wellik Date 01 30 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		57528.87
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	87448.87									
(c) Total Receipts (from Line 19)	39226.25	79146.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	126675.12	136675.12								
7. Total Disbursements (from Line 31)	25100.00	35100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101575.12	101575.12								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	38753.75	78453.75
(i) Itemized (use Schedule A)		
(ii) Unitemized	472.50	692.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39226.25	79146.25
(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)	39226.25	79146.25
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 Transfer (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))	39226.25	79146.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39226.25	79146.25

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	27500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	4350.00	4350.00
(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))	4350.00	4350.00
29. Other Disbursements.....	3250.00	3250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	25100.00	35100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25100.00	35100.00

DETAILED SUMMARY PAGE
of Disbursements

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	39226.25	79146.25
34. Total Contribution Refunds (from Line 28(d))	4350.00	4350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34876.25	74796.25
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)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29
(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

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)
United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
John Alaniz

Mailing Address 17070 Red Oak Dr Ste 305

City State Zip Code
Houston TX 77090-2616

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

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 843.75

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 80130.C279

Amount of Each Receipt this Period
843.75

Receipt

B.

Full Name (Last, First, Middle Initial)
R.g. Anderson

Mailing Address 800 12th Avenue 100

City State Zip Code
Fort Worth TX 76104

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

Name of Employer Occupation
Ft. Worth Hospital MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2007

Transaction ID: 80130.C271

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Carl Battaglia

Mailing Address 9603 Stonebridge Lake Dr

City State Zip Code
Tomball TX 77375-3276

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

Name of Employer Occupation
TOPS MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1135.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 80130.C280

Amount of Each Receipt this Period
135.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1978.75**

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 7 / 29
(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)
United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Randolf Birken

Mailing Address 17070 Red Oak Dr Ste 210A

City State Zip Code
Houston TX 77090-2615

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

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 80130.C281

Amount of Each Receipt this Period
337.50

Receipt

B.

Full Name (Last, First, Middle Initial)
Bruce Bollinger

Mailing Address 4401 Ridgehaven Rd

City State Zip Code
Fort Worth TX 76116-7313

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

Name of Employer Occupation
Ft. Worth Hospital MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2007

Transaction ID: 80130.C268

Amount of Each Receipt this Period
1500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Francis Bonner III

Mailing Address 17070 Red Oak Dr Ste 205

City State Zip Code
Houston TX 77090-2615

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

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1675.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 80130.C282

Amount of Each Receipt this Period
675.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2512.50**

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 8 / 29
	<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)
United Surgical Partners International, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Thomas Cartwright	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 17270 Red Oak Dr Ste 200	Transaction ID: 80130.C296
	City State Zip Code Houston TX 77090-2632	Amount of Each Receipt this Period 843.75
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation TOPS Medical doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 843.75	

B.	Full Name (Last, First, Middle Initial) Michael Chaney	Date of Receipt MM / DD / YYYY 11 / 21 / 2007
	Mailing Address 17070 Red Oak Dr Ste 307	Transaction ID: 80130.C283
	City State Zip Code Houston TX 77090-2616	Amount of Each Receipt this Period 675.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation TOPS Medical doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1675.00	

C.	Full Name (Last, First, Middle Initial) Shashi K. Dharma, MD	Date of Receipt MM / DD / YYYY 11 / 21 / 2007
	Mailing Address 4301 N. MacArthur Ste 107	Transaction ID: 80130.C278
	City State Zip Code Irving TX 75038	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Irving Coppel MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2518.75
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 9 / 29
(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)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
H. Anderson Dollahite, MD

Mailing Address 1401 8th Ave.

City State Zip Code
Fort Worth TX 76104

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

Name of Employer Occupation
Ft. Worth Hospital MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
10 / 15 / 2007

Transaction ID: 80130.C270

Amount of Each Receipt this Period: 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Carolyn Exley

Mailing Address 15503 Trails End Circle

City State Zip Code
Dallas TX 75248

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

Name of Employer Occupation
United Surgical Regional VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
07 / 18 / 2007

Transaction ID: 80130.C258

Amount of Each Receipt this Period: 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ray Fitzgerald

Mailing Address 15402 Brandonwood Pl

City State Zip Code
Houston TX 77069-1540

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

Name of Employer Occupation
TOPS MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1843.75

Date of Receipt: MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 80130.C284

Amount of Each Receipt this Period: 843.75

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2343.75

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Erin E. Hayes, MD
Mailing Address 6409 Cahoba Drive
City Fort Worth State TX Zip Code 76135-4404
FEC ID number of contributing federal political committee. **C**
Name of Employer Frisco Medical Center Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 21 / 2007
Transaction ID: 80130.C276
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Wayne Hey
Mailing Address 2340 Perkins Rd
City Arlington State TX Zip Code 76016
FEC ID number of contributing federal political committee. **C**
Name of Employer Ft. Worth Hospital Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 18 / 2007
Transaction ID: 80130.C259
Amount of Each Receipt this Period 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
TOPS Specialty Hospital
Mailing Address 17080 Red Oak Dr.
City Houston State TX Zip Code 77090
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9213.75
Date of Receipt 12 / 18 / 2007
Transaction ID: 80130.C303
Amount of Each Receipt this Period 9213.75
Receipt

SUBTOTAL of Receipts This Page (optional) ► 11213.75
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 11 / 29
	<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)
United Surgical Partners International, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) TOPS Specialty Hospital		Date of Receipt
	Mailing Address 17080 Red Oak Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 8 / 2 0 0 7
	City	State	Zip Code
	Houston	TX	77090
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 80130.C302
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 236.25
		<input type="text"/> 9450.00	Receipt

B.	Full Name (Last, First, Middle Initial) Jose Iglesias		Date of Receipt
	Mailing Address PO Box 90567		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 7
	City	State	Zip Code
	Houston	TX	77290-0567
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 80130.C285
Name of Employer TOPS		Occupation Medical doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 438.75
		<input type="text"/> 938.75	Receipt

C.	Full Name (Last, First, Middle Initial) Kourosh Jafarania, MD		Date of Receipt
	Mailing Address 617 Little John Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 1 / 2 0 0 7
	City	State	Zip Code
	Houston	TX	77090
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 80130.C287
Name of Employer TOPS		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 675.00
		<input type="text"/> 675.00	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 29

(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)
United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Andrew Kant, MD

Mailing Address 17270 Red Oak Drive
Suite 200

City State Zip Code
Houston TX 77090

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

Name of Employer Occupation
TOPS MD

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
843.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80130.C297

Amount of Each Receipt this Period

843.75

Receipt

B.

Full Name (Last, First, Middle Initial)
Suzanne Kent

Mailing Address 6358 Lansdale

City State Zip Code
Fort Worth TX 76116

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

Name of Employer Occupation
Ft. Worth Hospital MD

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 80130.C269

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Nick Knutson, MD

Mailing Address 8100 S. Walker
Ste 230

City State Zip Code
Oklahoma City OK 73139

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

Name of Employer Occupation
SW Ortho Surgery Ctr MD

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: 80130.C266

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2843.75

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 13 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Sy Q. Le, MD
Mailing Address 7431 Native Oak Ln.
City Irving State TX Zip Code 75038
FEC ID number of contributing federal political committee. **C**
Name of Employer Irving Coppell Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 21 / 2007
Transaction ID: 80130.C277
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Jc Littleton, MD
Mailing Address 10143 Glen Ridge Ave
City Baton Rouge State LA Zip Code 70809
FEC ID number of contributing federal political committee. **C**
Name of Employer Greater Baton Rouge Surg. Hosp Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 15 / 2007
Transaction ID: 80130.C273
Amount of Each Receipt this Period 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Larry S. MacTavish, DPM
Mailing Address 17215 Red Oak Drive Suite 102
City Houston State TX Zip Code 77090
FEC ID number of contributing federal political committee. **C**
Name of Employer TOPS Occupation MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 405.00
Date of Receipt 11 / 21 / 2007
Transaction ID: 80130.C288
Amount of Each Receipt this Period 405.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 2405.00
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 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Leonard Marchinski, MD

Mailing Address 301 S. 7th Ave.
Ste 3020

City State Zip Code
Reading PA 19611

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

Name of Employer Occupation
United Surgical MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: 80130.C260

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Randall P. Martin, D.O.

Mailing Address 6105 Woodlake Drive

City State Zip Code
Arlington TX 76016-2056

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

Name of Employer Occupation
Ft. Worth Hospital D.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 80130.C267

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas McHugh, MD

Mailing Address 800 Peakwood Dr.
Ste 8C

City State Zip Code
Houston TX 77090

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

Name of Employer Occupation
TOPS MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
337.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	7

Transaction ID: 80130.C289

Amount of Each Receipt this Period
337.50

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1837.50**

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 15 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ernest J. Mencer, MD
 Mailing Address 5820 Stratford Ave.
 City State Zip Code
Baton Rouge LA 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Baton Rouge Surg. Hosp
 Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 11 / 15 / 2007
Transaction ID: 80130.C274
 Amount of Each Receipt this Period 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Sunita Moonat
 Mailing Address 3 W Isle Pl
 City State Zip Code
Spring TX 77381-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TOPS
 Occupation Medical doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00
 Date of Receipt 08 / 14 / 2007
Transaction ID: 80130.C262
 Amount of Each Receipt this Period 800.00
 Receipt

C. Full Name (Last, First, Middle Initial)
M. Mokiso Murrill
 Mailing Address 5725 Georgetown Ave
 City State Zip Code
Baton Rouge LA 70808-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baton Rouge
 Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00
 Date of Receipt 09 / 26 / 2007
Transaction ID: 80130.C265
 Amount of Each Receipt this Period 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 2800.00
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 16 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Nayan Patel

Mailing Address 5199 Burkett Dr.

City State Zip Code
Frisco TX 75034

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

Name of Employer Occupation
North Garland MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: 80130.C261

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
C. Martin Persons, MD

Mailing Address 8849 Random Rd

City State Zip Code
Ft. Worth TX 76279

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

Name of Employer Occupation
Ft. Worth Hospital MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2007

Transaction ID: 80130.C272

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Rose

Mailing Address 5330 Val Verde St.

City State Zip Code
Houston TX 77056

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

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: 80130.C264

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 17 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Stephen Rose

Mailing Address 5330 Val Verde St.

City State Zip Code
Houston TX 77056

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

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2337.50

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: 80130.C298

Amount of Each Receipt this Period
337.50

Receipt

B. Full Name (Last, First, Middle Initial)
Alan Rosen

Mailing Address 17270 Red Oak Dr Ste 200
Ste. 200

City State Zip Code
Houston TX 77090-2632

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

Name of Employer Occupation
TOPS MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1675.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 80130.C290

Amount of Each Receipt this Period
675.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dean Spingola, MD

Mailing Address 7508 Bradford Pear Dr.

City State Zip Code
Irving TX 75063

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

Name of Employer Occupation
Irving Coppel MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 80130.C275

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2012.50

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 18 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Joseph B. Stachniak, MD
Mailing Address 3603 Harvard Avenue
City State Zip Code
Dallas TX 75205
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Frisco Medical Center MD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 08 / 14 / 2007
Transaction ID: 80130.C263
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Steven Stern
Mailing Address 17070 Red Oak Dr Ste 201C
City State Zip Code
Houston TX 77090-2615
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
TOPS Medical doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1337.50
Date of Receipt: 11 / 21 / 2007
Transaction ID: 80130.C292
Amount of Each Receipt this Period: 337.50
Receipt

C. Full Name (Last, First, Middle Initial)
Phillip Sutton
Mailing Address 17203 Red Oak Dr. Ste. 203
City State Zip Code
Houston TX 77090-1062
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
TOPS Medical doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1675.00
Date of Receipt: 11 / 21 / 2007
Transaction ID: 80130.C293
Amount of Each Receipt this Period: 675.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1512.50
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 19 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Joe Todd, MD
 Mailing Address 3920 Inwood Rd
 City State Zip Code
 Fort Worth TX 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ft. Worth Hospital MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: MM / DD / YYYY
 12 / 18 / 2007
Transaction ID: 80130.C295
 Amount of Each Receipt this Period: 250.00
 Receipt

B. Full Name (Last, First, Middle Initial)
David Zarin
 Mailing Address 17070 Red Oak Dr Ste 205
 City State Zip Code
 Houston TX 77090-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Surgical Senior VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00
 Date of Receipt: MM / DD / YYYY
 11 / 21 / 2007
Transaction ID: 80130.C294
 Amount of Each Receipt this Period: 675.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **925.00**
TOTAL This Period (last page this line number only) ► **38753.75**

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

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)
United Surgical Partners International, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee Mailing Address PO Box 1444 City Ennis State TX Zip Code 75120-1444 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name JOE LINUS BARTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E103 Date of Disbursement 07 / 11 / 2007	Amount of Each Disbursement this Period 3500.00
B.	Full Name (Last, First, Middle Initial) Hall for Congress Committee Mailing Address PO Box 711 City Rockwall State TX Zip Code 75087-0711 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name RALPH MOODY HALL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E116 Date of Disbursement 11 / 28 / 2007	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) McConnell Senate Committee 08 Mailing Address PO Box 1496 City Louisville State KY Zip Code 40201-1496 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name MITCH MCCONNELL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E115 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	[]

**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)
United Surgical Partners International, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Berkley for Congress	Transaction ID: 80130.E112 Date of Disbursement 09 / 07 / 2007
	Mailing Address 3069 Conquista Ct	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89121-3866	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name SHELLEY BERKLEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Chambilss for Senate	Transaction ID: 80130.E105 Date of Disbursement 07 / 11 / 2007
	Mailing Address PO Box 12469	Amount of Each Disbursement this Period 1000.00
	City Atlanta State GA Zip Code 30355-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name C SAXBY CHAMBLISS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund	Transaction ID: 80130.E106 Date of Disbursement 08 / 07 / 2007
	Mailing Address 607 14th St., NW Ste 800	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

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)
United Surgical Partners International, Inc. Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Clay Jr. For Congress</p> <p>Mailing Address PO Box 4544 Ste 300</p> <p>City Saint Louis State MO Zip Code 63108-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name WILLIAM LACY CLAY, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 01</p>	<p>Transaction ID: 80130.E107</p> <p>Date of Disbursement 08 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kay Bailey Hutchison for Sen. Cmte</p> <p>Mailing Address PO Box 9190</p> <p>City Dallas State TX Zip Code 75209-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name KAY BAILEY HUTCHISON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 00</p>	<p>Transaction ID: 80130.E108</p> <p>Date of Disbursement 08 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Fallin for Congress</p> <p>Mailing Address PO Box 720634</p> <p>City Oklahoma City State OK Zip Code 73172-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name MARY C. FALLIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 05</p>	<p>Transaction ID: 80130.E109</p> <p>Date of Disbursement 08 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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)
United Surgical Partners International, Inc. Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Cong.</p> <p>Mailing Address 111 NW 183rd St Ste 325</p> <p>City Miami State FL Zip Code 33169-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80130.E111</p> <p>Date of Disbursement 09 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name MAX BAUCUS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MT District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80130.E113</p> <p>Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Mary Landrieu</p> <p>Mailing Address 607 14th St. NW Ste 800</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name MARY L LANDRIEU</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80130.E114</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>POLITICAL CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

17500.00

**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 24 / 29

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Sam Page for Lt. Governor	Transaction ID: 80130.E104 Date of Disbursement 07 / 11 / 2007
	Mailing Address PO Box 411932	Amount of Each Disbursement this Period 500.00
	City Saint Louis State MO Zip Code 63141-	
	Purpose of Disbursement STATE DONATION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends of Bobby Jindal	Transaction ID: 80130.E110 Date of Disbursement 08 / 28 / 2007
	Mailing Address PO Box 82860	Amount of Each Disbursement this Period 1000.00
	City Baton Rouge State LA Zip Code 70884-	
	Purpose of Disbursement STATE DONATION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) State Senator Jane Nelson	Transaction ID: 80130.E117 Date of Disbursement 10 / 24 / 2007
	Mailing Address 1235 S. Main St. Suite 280	Amount of Each Disbursement this Period 1000.00
	City Grapevine State TX Zip Code 76051-	
	Purpose of Disbursement STATE DONATION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

**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)

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<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jim Donelon, Insurance Commissioner

Mailing Address PO Box 3516

City Baton Rouge State LA Zip Code 70821-

Purpose of Disbursement
STATE DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80130.E118

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
State Rep. Ken Paxton

Mailing Address 201 West Virginia Pkwy

City Mc Kinney State TX Zip Code 75069-

Purpose of Disbursement
STATE DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80130.E119

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ►

750.00

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

3250.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
United Surgical Partners International, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Texas Brain & Spine Institute Mailing Address 3060 Communications Pkwy City Plano State TX Zip Code 75093-8449 Purpose of Disbursement Refund of Contribution Refund of contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E102 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) David Fong Mailing Address 3801 W 15th St Ste 110 City Plano State TX Zip Code 75075-7752 Purpose of Disbursement Refund of Contribution Refund of contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E98 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Wayne Hey Mailing Address 1101 University Dr City Fort Worth State TX Zip Code 76107-3012 Purpose of Disbursement Refund of Contribution Refund of contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E94 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
United Surgical Partners International, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Texas Back Institute Mailing Address 6020 W Parker Rd Ste 200 City Plano State TX Zip Code 75093-8172 Purpose of Disbursement Refund of Contribution Refund of contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E101 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Metroplex Pain Management PA Mailing Address 221 Bedford Rd Ste 200 Ste 200 City Bedford State TX Zip Code 76022-6250 Purpose of Disbursement Refund of Contribution Refund of contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E100 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Leonard Marchinski Mailing Address 301 S 7th Ave City Reading State PA Zip Code 19611-1410 Purpose of Disbursement Refund of Contribution Refund of contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E95 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**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)

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<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 checked="" 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)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Advanced Podiatry Group

Mailing Address 4840 W Panther Creek Dr
Ste. 100

City Spring State TX Zip Code 77381-3528

Purpose of Disbursement
Refund of Contribution Refund of contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80130.E96

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

4250.00

Image# 28930190148

Form/Schedule: **F3XN**

Transaction ID:

The contributions from TOPS Specialty Hospital were erroneously deposited into the PAC account due to an administrative error. A refund was issued from the PAC account as soon as the PAC became aware of the situation. The refund will be disclosed on the PACs next FEC report.
