

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)
CITY **STATE** **ZIP CODE**

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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 28 2006 through 12 31 2006

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 31 2007

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**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 70733.04 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 44708.87 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 12820.00 | 28533.71 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 57528.87 | 99266.75 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 0.00 | 41737.88 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 57528.87 | 57528.87 | | | | | | | | |
| 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 |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 12450.00 | 27287.34 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 370.00 | 1246.37 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 12820.00 | 28533.71 |
| (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) | 12820.00 | 28533.71 |
| 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)) | 12820.00 | 28533.71 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 12820.00 | 28533.71 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) 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 | 487.88 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 487.88 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 27250.00 |
| 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 | 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 | 14000.00 |
| 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)).. | 0.00 | 41737.88 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 0.00 | 41737.88 |

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) | 12820.00 | 28533.71 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12820.00 | 28533.71 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 487.88 |
| 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 | 487.88 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 11 |
| | <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 |

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Jonathan Bond | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6 | |
| Mailing Address 3515 Wentwood Dr | | Transaction ID: 70131.C190 | |
| City State Zip Code Dallas TX 75225-5012 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Receipt | | |
| Name of Employer United Surgical Occupation Senior VP | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dale Bowman | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6 | |
| Mailing Address 21069 Susan Carole | | Transaction ID: 70131.C195 | |
| City State Zip Code Santa Clarita CA 91350 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Receipt | | |
| Name of Employer United Surgical Occupation Administrator | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Monica Cintado | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6 | |
| Mailing Address 216 Olive Branch Road | | Transaction ID: 70131.C192 | |
| City State Zip Code Nashville TN 37205-3220 | Amount of Each Receipt this Period 1500.00 | | |
| FEC ID number of contributing federal political committee. C | Receipt | | |
| Name of Employer United Surgical Occupation Sr. VP | Aggregate Year-to-Date ▼ 1500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 11 |
| | <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)
Pamela Finlay

Mailing Address 1401 Hillside Pl

City State Zip Code
Las Vegas NV 89104-1844

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

Name of Employer United Surgical Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: 70131.C188

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Suzanne Greever

Mailing Address 9211 Garland Road No. 4317

City State Zip Code
Dallas TX 75218

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

Name of Employer United Surgical Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 6

Transaction ID: 70131.C175

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jot Hollenbeck

Mailing Address 29503 Quailwood Drive

City State Zip Code
Rancho Palos Verde CA 90275

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

Name of Employer United Surgical Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 70131.C180

Amount of Each Receipt this Period
1000.00

Receipt

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 11 |
| | <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)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Luke Johnson

Mailing Address 8560 Whites Pond Way

City State Zip Code
Knoxville TN 37923

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

Name of Employer
OrthoLink Physicians Corp.

Occupation
Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: 70131.C185

Amount of Each Receipt this Period
1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tersa Lech

Mailing Address 295 Hills Drive

City State Zip Code
Canyon Country CA 91351

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

Name of Employer
United Surgical

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 6

Transaction ID: 70131.C196

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Maria Mitchell

Mailing Address 4949 Lylfield Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer
United Surgical

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 70131.C182

Amount of Each Receipt this Period
500.00

Receipt

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 11 |
| | <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)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Patrick Murphy

Mailing Address 4762 Augusta Ave.

City State Zip Code
Oldsmar FL 34677

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

Name of Employer United Surgical Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 6

Transaction ID: 70131.C193

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert Murphy

Mailing Address 2918 Candle

City State Zip Code
Olympia WA 98513

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

Name of Employer United Surgical Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 70131.C183

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Matt Pate

Mailing Address 7015 Judy Street

City State Zip Code
Dallas TX 75252-6119

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

Name of Employer United Surgical Occupation VP, Financial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 70131.C181

Amount of Each Receipt this Period
500.00

Receipt

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 11 |
| | <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)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jennifer Racette

Mailing Address 3461 Ocean Drive

City State Zip Code
Corpus Christi TX 78411

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

Name of Employer United Surgical Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 70131.C184

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 7707 Wexford Holw

City State Zip Code
San Antonio TX 78240-3987

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

Name of Employer United Surgical Occupation Senior VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: 70131.C186

Amount of Each Receipt this Period
1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Julie Walker

Mailing Address 700 Turelove Trail

City State Zip Code
Southlake TX 76092

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

Name of Employer United Surgical Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 70131.C194

Amount of Each Receipt this Period
500.00

Receipt

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 11 |
| | <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)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Georgia Warren

Mailing Address 5852 CR 471

City State Zip Code
Mc Kinney TX 75069

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

Name of Employer United Surgical Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 70131.C179

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
John White

Mailing Address 636 Hanby Lane

City State Zip Code
Rockwall TX 75032

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

Name of Employer United Surgical Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 70131.C177

Amount of Each Receipt this Period
250.00

Receipt

C. 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 United Surgical Occupation Senior VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 70131.C191

Amount of Each Receipt this Period
1500.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 12450.00 |