REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -9 P 12: 35

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Universal Health Services Employee Good Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported
367 S. Gulph Road

CITY, STATE and ZIP CODE
King of Prussia, PA 19406

2. FEC IDENTIFICATION NUMBER
C00185520

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-99 through 12-31-99		
6. (a) Cash on Hand January 1, 19____		$ 21,874
(b) Cash on Hand at Beginning of Reporting Period	$ 32,135	
(c) Total Receipts (from Line 19)	$ 6,565	$ 20,934
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 38,700	$ 42,808
7. Total Disbursements (from Line 30)	$ 18,500	$ 22,608
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 20,200	$ 20,200
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
CHERYL K. RAMAGANO

Signature of Treasurer
Cheryl K Ramagano

Date
1-31-2000

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

FEC FORM 3X
(revised 9/99)

F/S4N084

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

[revised 1/1/91]

NAME OF COMMITTEE: Universal Health Services Employee Good Government

REPORT COVERING PERIOD FROM 7-1-99 TO: 12-31-99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,040.-	15,886.00	11(a)(i)
ii. Unitemized	2,324.04	4,682.04	11(a)(ii)
iii. Total (add i and ii) ➤	6,364.04	20,568.04	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	6,364.04	20,568.04	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, interest, etc.)	200.83	365.83	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,564.87	20,933.87	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6,564.87	20,933.87	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	18,500.-	22,500.-	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements		108.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	18,500.00	22,608.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	18,500.00	22,608.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,364.04	20,568.04	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,364.04	20,568.04	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER 11a(i)

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 Employee Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Karla Perez, 2412 Jade Leaf Ct., Las Vegas, NV 89134	UHS of Delaware Inc, 367 S. Gulph Road, King of Prussia, PA 19406	7/1/99 to 12/31/99	$250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. Barry Pipkin, 126 South Shore Drive, Maumelle, AR 72113	UHS of Delaware, 367 S. Gulph Road, King of Prussia, PA	7/1/99 to 12/31/99	$225.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 270.00		
C. Daniel McLean, 2310 Silverado South Drive, Mission, TX 78572	UHS of Delaware Inc., 367 S. Gulph Road, King of Prussia, PA	7/1/99 to 12/31/99	$300.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 450.00		
D. Michael Callahan, 6316 Hampton Drive, Amarillo, TX 79109	UHS of Delaware Inc., 367 S. Gulph Rd., King of Prussia, PA	7/1/99 to 12/31/99	$250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 250.00		
E. Ben Marion, 11 Flintridge, Moultrie, GA 31768	UHS of Delaware Inc., 367 S. Gulph Rd., King of Prussia	7/1/99 to 12/31/99	$225.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 300.00		
F. Linda Berridge, 415 E. 72ND Terrace, Kansas City, MO 64131	UHS of Delaware, Inc, 367 S. Gulph Rd, King of Prussia	7/1/99 to 12/31/99	$150.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 225.		
G. Tom Rourke, 7009 Ivory Ct., Plano, TX 75024	UHS of Delaware, 367 S. Gulph Rd., King of Prussia, PA	7/1/99 to 12/31/99	$200.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 250.		

SUBTOTAL of Receipts This Page (optional) $1600.00

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

FE6AN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a (i)

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NAME OF COMMITTEE (In Full): Universal Health Services Employee Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Craig McKee, 9519 County Road 2469, Royse City, TX 75189 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHS of Delaware Inc, 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date $ 240.	7/1/99 to 12/31/99	$180.00
B. K.D. Justyn, 1601 Bayonne Drive, Las Vegas, NV 89134 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHS of Delaware, Inc., 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date $ 250.00	7/1/99 to 12/31/99	$250.00
C. Russell Johnson, 6904 N. Cynthia, Mcallen, TX 78504 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHS of Delaware Inc., 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date $ 250.00	7/1/99 to 12/31/99	$250.00
D. Chris Smolik, 3011 Rhett Drive, Pharr, TX 78577 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHS of Delaware, Inc, 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date $ 250.00	7/1/99 to 12/31/99	$250.00
E. George Brunner, 1332 Harrington Road, Haverstown, PA 19083 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHS of Delaware, Inc, 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date $ 150.00	7/1/99 to 12/31/99	$150.00
F. Bob Halinski, 101 Hedgerow Way, Lansdale, PA 19446 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: UHS of Delaware, Inc, 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date $ 250.00	Date (month, day, year): 7/1/99 to 12/31/99	Amount of Each Receipt this Period: $250.00
G. Scott Crane, 42928 Calle Reva, Temecula, CA 92592 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: UHS of Delaware Inc, 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date $ 845.00	Date (month, day, year): 7/1/99 to 12/31/99	Amount of Each Receipt this Period: $210.00

SUBTOTAL of Receipts This Page (optional) $1540.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full): Universal Health Services Employee Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Philip Schuengold, 4515 N. 35th Road, Arlington, VA 22207 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	UHS of Delaware Inc., 367 S. Gulph Rd., King of Prussia PA 19406 — Occupation: — Aggregate Year-to-Date: $ 250.00	7/1/99 to 12/31/99	$200.00
B. Mike Mestel, 408 Commercial, Victoria, TX 77901 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: UHS of Delaware, Inc., 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date: $ 250.00	7/1/99 to 12/31/99	$250.00
C. Carl Evans, 148 Azalea Pt. Dr. S, Ponte Vedra Beach, FL 32082 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: UHS of Delaware Inc., 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date: $ 250.00	7/1/99 to 12/31/99	$200.00
D. Debbie Ostlew, 16 Lorien, Little Rock, AR 72212 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: UHS of Delaware Inc., 367 S. Gulph Road, King of Prussia, PA — Occupation: — Aggregate Year-to-Date: $ 300.00	7/1/99 to 12/31/99	$250.00
E. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation — Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation — Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation — Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $900.00

TOTAL This Period (last page this line number only) $4040.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Universal Health Services Employee Good Government Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Bob Kerrey for Senate 301 4th St., N.E. - Suite 201 Washington, D.C. 20002	Support Candidacy Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	7/21/99	$2000.00
B. Full Name, Mailing Address and ZIP Code FEC PAC 801 Pennsylvania Ave, NW #245 Washington, DC 20004-2604	Purpose of Disbursement Support Candidacy Disbursement for: ☐ Primary ☐ General ✓ Other (specify)	9/29/99	$5000.00
C. Full Name, Mailing Address and ZIP Code CDC PAC Congressman Armey P.O. Box 22614 Alexandria, VA 22304	Purpose of Disbursement Support Candidacy Disbursement for: ☐ Primary ☐ General ✓ Other (specify) PAC to PAC	11/26/99	$1000.00
D. Full Name, Mailing Address and ZIP Code Rendell '95 The Event Group 3411 Vauk Street Philadelphia, PA 19129	Purpose of Disbursement Support Candidacy Disbursement for: ☐ Primary ☐ General ✓ Other (specify) post-election debt - retirement	12/31/99	$10,000.00
E. Full Name, Mailing Address and ZIP Code LAZIO for Congress United Seniors for Healthcare P.O. Box 1107 Ridgefield, CT 06877-9107	Purpose of Disbursement Support Candidacy Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	Date (month, day, year) outstanding 10/7/99	Amount of Each Disbursement This Period $500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... 18,500.

TOTAL This Period (last page this line number only) ..... 18,500.

FEBAN121

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 13-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SM	2-7-00
PREPARER	DATE PREPARED

(4/98)