

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 01 01 2009 through 06 30 2009

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 07 24 2009

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

Office Use Only									
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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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		95479.49
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	95479.49									
(c) Total Receipts (from Line 19)	37131.73	37131.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132611.22	132611.22								
7. Total Disbursements (from Line 31)	20102.46	20102.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112508.76	112508.76								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	35719.97	35719.97
(ii) Unitemized	1411.76	1411.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37131.73	37131.73
(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)	37131.73	37131.73
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))	37131.73	37131.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37131.73	37131.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	502.46	502.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	502.46	502.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19600.00	19600.00
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	0.00
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))..	20102.46	20102.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20102.46	20102.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	37131.73	37131.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37131.73	37131.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	502.46	502.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	502.46	502.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 27
(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)
John Alaniz, MD
Mailing Address 17070 Red Oak Drive, Suite 305
City Houston State TX Zip Code 77090-2616
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 ▼ 628.57
Date of Receipt 03 / 12 / 2009
Transaction ID: A1796FE8DD6F94C0BBAF
Amount of Each Receipt this Period 628.57

B. Full Name (Last, First, Middle Initial)
Carl Battaglia
Mailing Address 9603 Stonebridge Lake Dr
City Tomball State TX Zip Code 77375-3276
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 ▼ 211.59
Date of Receipt 05 / 27 / 2009
Transaction ID: AC660A40B97A045CCBD1
Amount of Each Receipt this Period 111.02

C. Full Name (Last, First, Middle Initial)
Kristin Blewett
Mailing Address 5430 Vanderbilt Ave
City Dallas State TX Zip Code 75206-6024
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 ▼ 500.00
Date of Receipt 04 / 21 / 2009
Transaction ID: A774494D8E9CB4322BE3
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1239.59
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 / 27

(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)
Jonathan Bond

Mailing Address 3515 Wentwood Dr

City State Zip Code
Dallas TX 75225-5012

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: A270EC9F6B18B4A268FB

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Brett Brodnax

Mailing Address 6607 Norway

City State Zip Code
Dallas TX 75230-5243

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

Name of Employer Occupation
United Surgical EVp and CDO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: A4DED6150D9704617825

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Jason Cagle

Mailing Address 111 Turner

City State Zip Code
Dallas TX 75206

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

Name of Employer Occupation
United Surgical VP, General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: AE14CAE539AA54FB89F5

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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 8 / 27

(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)

Carolyn Campbell

Mailing Address 10522 Silverrock Dr

City State Zip Code
Dallas TX 75218-2359

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

Name of Employer Occupation
United Surgical VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: AFEB4201F3AB47AAA8A

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Cartwright

Mailing Address 17270 Red Oak Dr Suite 200

City State Zip Code
Houston TX 77090-2632

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 ▼ 628.57

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: AE9B69B68A50640F6AFA

Amount of Each Receipt this Period
628.57

C.

Full Name (Last, First, Middle Initial)

Thomas Cartwright

Mailing Address 17270 Red Oak Dr Suite 200

City State Zip Code
Houston TX 77090-2632

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 ▼ 1322.44

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: A4D12B686BCB74D08B71

Amount of Each Receipt this Period
693.87

SUBTOTAL of Receipts This Page (optional)

1822.44

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 / 27
(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)
Kathleen Claunch

Mailing Address 131 Lake St Ellen Dr

City State Zip Code
Fairview Heights IL 62208

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
04 / 21 / 2009

Transaction ID: A87E734F3A93D4CA7833

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Peter Dawson

Mailing Address 506 Saddlewood Ln

City State Zip Code
Houston TX 77024-6815

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 ▼
374.96

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: A694EDAE7DE464A20848

Amount of Each Receipt this Period
138.77

C.

Full Name (Last, First, Middle Initial)
Peter Dawson

Mailing Address 506 Saddlewood Ln

City State Zip Code
Houston TX 77024-6815

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 ▼
374.96

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: A1B142309066D4A1A827

Amount of Each Receipt this Period
125.71

SUBTOTAL of Receipts This Page (optional) ► **764.48**

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 10 / 27
	<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) Barbara Draves		Date of Receipt MM / DD / YYYY 04 / 21 / 2009		
	Mailing Address 580 Miles Ln		Transaction ID: AD8F7DE9F979647B2AFA		
	City Berea	State OH	Zip Code 44017-2819	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer United Surgical		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Sonal Ellison		Date of Receipt MM / DD / YYYY 04 / 21 / 2009		
	Mailing Address 1115 Shade Tree Lane		Transaction ID: AE05C871EB64444BA82B		
	City Allen	State TX	Zip Code 75013-5406	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer United Surgical		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Mark Eschenbach		Date of Receipt MM / DD / YYYY 05 / 14 / 2009		
	Mailing Address 418 Forby Estates Drive		Transaction ID: A69585CA1BB444A94A51		
	City Eureka	State MO	Zip Code 63025-2379	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer United Surgical		Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 11 / 27
(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)
Carolyn Exley
Mailing Address 15503 Trails End Circle
City State Zip Code
Dallas TX 75248-4956
FEC ID number of contributing federal political committee. **C**
Name of Employer United Surgical Occupation Regional VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 21 / 2009
Transaction ID: AF800E61EEDC84180A8E
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Kim L Fisher
Mailing Address 1494 Sky Pkwy
City State Zip Code
West Linn OR 97068-1804
FEC ID number of contributing federal political committee. **C**
Name of Employer United Surgical Occupation Regional VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 28 / 2009
Transaction ID: A6E05D9BB7F0A411FBEA
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ray Fitzgerald
Mailing Address 15402 Brandonwood Place
City State Zip Code
Houston TX 77069-1540
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 ▼ 628.57
Date of Receipt 03 / 12 / 2009
Transaction ID: AED8A92B789A843BFA06
Amount of Each Receipt this Period 628.57

SUBTOTAL of Receipts This Page (optional) ► 1378.57
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 12 / 27
(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) Ray Fitzgerald	Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 15402 Brandonwood Place	Transaction ID: A7D899B89813D44E9AA7
	City State Zip Code Houston TX 77069-1540	Amount of Each Receipt this Period 693.87
	FEC ID number of contributing federal political committee. C	
Name of Employer Tops	Occupation Md	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1322.44	
B.	Full Name (Last, First, Middle Initial) Mark Garvin	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 1345 Eagle Bend	Transaction ID: A8351318072F7413CBEO
	City State Zip Code Southlake TX 76092-9423	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer United Surgical	Occupation Sr. VP and Co	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
C.	Full Name (Last, First, Middle Initial) Julie Gunderson	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 716 Carmel Drive	Transaction ID: ABDFFADEEEEE7040A38AC
	City State Zip Code Keller TX 76248-4123	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer United Surgical	Occupation Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2443.87
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 / 27
(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)
Christopher Hartshorn

Mailing Address 2617 Sun Meadow Drive

City State Zip Code
Chesterfield MO 63005-7017

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 ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

Transaction ID: AC972DE6E6C634AF5930

Amount of Each Receipt this Period
500.00

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

Mailing Address 29503 Quailwood Dr

City State Zip Code
Rancho Palos Verde CA 90275-4930

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 ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

Transaction ID: A7540FB1B090D4EBDA52

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
James Jackson

Mailing Address 1557 Poppy Peak Dr

City State Zip Code
Pasadena CA 91105-2707

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
0	4	/	2	8	/	2	0	0	9

Transaction ID: AB656843BE8D8472E915

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 / 27
(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)
Luke Johnson

Mailing Address 8560 Whites Pond Way

City State Zip Code
Knoxville TN 37923-6785

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
0 4 / 2 1 / 2 0 0 9

Transaction ID: AA746FBF87A584DD0B15

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Andy Johnston

Mailing Address 6225 Olympia Drive

City State Zip Code
Houston TX 77057-3527

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
0 4 / 2 1 / 2 0 0 9

Transaction ID: AFFA3B12FC4BE4DADA99

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Mark Kopser

Mailing Address 5308 Tennington Park

City State Zip Code
Dallas TX 75287-5511

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

Name of Employer United Surgical Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: A7C9A5A5EC0944939BCE

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 15 / 27
(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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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)
Tony Martin

Mailing Address 1118 Stratford Dr

City Richardson State TX Zip Code 75080-2915

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 ▼ 500.00

Date of Receipt: 04 / 21 / 2009
Transaction ID: A6400AABBBBCD64A3D97B
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Evie Miller

Mailing Address 14584 Whiteman Ct

City Addison State TX Zip Code 75001-7979

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 ▼ 800.00

Date of Receipt: 04 / 21 / 2009
Transaction ID: A67FBCB240CA340EEA48
 Amount of Each Receipt this Period: 800.00

C.

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

Mailing Address 4949 Lylfield Dr

City Dublin State OH Zip Code 43017-2175

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 ▼ 350.00

Date of Receipt: 05 / 14 / 2009
Transaction ID: A35FD86CB61D9490EA83
 Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1650.00

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 / 27
(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)
Kelly Moore

Mailing Address 1305 Wildflower Ln

City State Zip Code
Flower Mound TX 75028-3827

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

Name of Employer United Surgical Occupation Dir., Acctng and Fac.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2009

Transaction ID: ADC8EDDB1B80345E0AAE

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Timothy A Nevlud

Mailing Address 9114 Santown Ln

City State Zip Code
Houston TX 77064-2632

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

Name of Employer United Surgical Occupation Region VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2009

Transaction ID: A3793D97C66BC4934B0F

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3900 Oak Meadow Drive

City State Zip Code
Plano TX 75093-8537

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: AC7069FC1E6EB4520890

Amount of Each Receipt this Period
500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 27
	<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)
Michael C Ridgeway

Mailing Address 6313 Willowdale Drive

City State Zip Code
Plano TX 75093-7802

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

Name of Employer United Surgical Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: AE80C0762B7D84737974

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 5330 Val Verde St

City State Zip Code
Houston TX 77056-6221

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 ▼
251.43

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: A53E63D4C317442CD9B4

Amount of Each Receipt this Period
251.43

C.

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

Mailing Address 5330 Val Verde St

City State Zip Code
Houston TX 77056-6221

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 ▼
528.98

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: A7253595DC31D46EC8AE

Amount of Each Receipt this Period
277.55

SUBTOTAL of Receipts This Page (optional) ► **1028.98**

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 / 27
(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)
Steven Stern

Mailing Address 17070 Red Oak Dr Suite 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 ▼ 251.43

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: A04E671795679430AA84

Amount of Each Receipt this Period
251.43

B.

Full Name (Last, First, Middle Initial)
Steven Stern

Mailing Address 17070 Red Oak Dr Suite 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 ▼ 528.98

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: A0BD157E857894CAB8AF

Amount of Each Receipt this Period
277.55

C.

Full Name (Last, First, Middle Initial)
Phillip Sutton

Mailing Address 17203 Red Oak Dr Ste. 203

City State Zip Code
Houston TX 77090-2613

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 ▼ 555.10

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: AE04B4D0F230C414499A

Amount of Each Receipt this Period
555.10

SUBTOTAL of Receipts This Page (optional) ► **1084.08**

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 / 27

(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)

Niels Vernegaard

Mailing Address 9011 Rockbrook Dr

City State Zip Code
Dallas TX 75220-3905

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

Name of Employer Occupation
United Surgical Chief Operating Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: ADBAD287E74AF47C09A5

Amount of Each Receipt this Period
3000.00

B.

Full Name (Last, First, Middle Initial)

Peggy S. Wellman

Mailing Address 2399 Gillingham Circle

City State Zip Code
Thousand Oaks CA 91362-1608

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

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: ADA273BC912604E4299E

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

John White

Mailing Address 636 Hanby Ln

City State Zip Code
Rockwall TX 75032-6090

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

Name of Employer Occupation
United Surgical Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: AF8F03F6DB2004AFE806

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

3750.00

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 20 / 27
(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)
William Wilcox
 Mailing Address 9726 Rockbrook
 City State Zip Code
 Dallas TX 75220-2039
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 0 9
Transaction ID: AE17EDBBC548A409ABC9
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Surgical President & CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
David Zarin
 Mailing Address 17070 Red Oak Dr Suite 205
 City State Zip Code
 Houston TX 77090-2615
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 1 2 / 2 0 0 9
Transaction ID: AC4CEFF162B2F4A5F819
 Amount of Each Receipt this Period
 502.86
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Surgical Senior VP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 502.86

C. Full Name (Last, First, Middle Initial)
David Zarin
 Mailing Address 17070 Red Oak Dr Suite 205
 City State Zip Code
 Houston TX 77090-2615
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 9
Transaction ID: A160BADD14B74C97A00
 Amount of Each Receipt this Period
 555.10
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Surgical Senior VP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1057.96

SUBTOTAL of Receipts This Page (optional) ► 6057.96
TOTAL This Period (last page this line number only) ► 35719.97

**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 21 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B48A5838C63794A56BC5</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 85.24</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B749AEFDA338B4256978</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 75.47</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B12137C8DA0AE4C9EA96</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 85.22</p>

SUBTOTAL of Disbursements This Page (optional) ▶

245.93

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)

PAGE 22 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B26E1481D524C4569B9B</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 106.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3317B1FEF48D42EABA1</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 78.35</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address Bank of America, N.A.</p> <p>City Dallas State TX Zip Code 75283-0001</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0C4E38BB517C4DD9A04</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 71.65</p>

SUBTOTAL of Disbursements This Page (optional) ▶

256.50

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

502.43

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 23 / 27

<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) Charlie Melancon Campaign Committee Inc</p> <p>Mailing Address PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. Charlie Melancon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B89A17540CA9A4005957</p> <p>Date of Disbursement 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee</p> <p>Mailing Address PO Box 1444</p> <p>City Ennis State TX Zip Code 75120-1444</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. Joe L. Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDD8BC6EF211E4EA6A7A</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p>C. Full Name (Last, First, Middle Initial) Evan Bayh Committee</p> <p>Mailing Address 850 FORT WAYNE AVENUE</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Sen. Evan Bayh</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B343456102EAC47CE99D</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3900.00

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 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) Friends of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412-8166 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name Rep. John Barrow <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B48CF490363904650965 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Sam Johnson <hr/> Mailing Address 1611 K Ave <hr/> City Plano State TX Zip Code 75074-6119 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name Rep. Sam Johnson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC9C2593C248148418AA Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1200.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Georgians for Isakson <hr/> Mailing Address POST OFFICE BOX 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name Sen. Johnny Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3A96DB9631AF4447822 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

3200.00

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) Hall for Congress Committee</p> <p>Mailing Address POST OFFICE BOX 711</p> <p>City Rockwall State TX Zip Code 75087</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. Ralph M. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5E5140CA21B34C72B67</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. Ste 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. Steven L. Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE2F0A665BB4C43CC90C</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kendrick Meek for Florida</p> <p>Mailing Address 111 NW 183RD STREET SUITE 325</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Rep. Kendrick B. Meek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDE68003C9949497EA5E</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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) Larson for Congress Mailing Address 29 Ruff Circle City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Political Contribution Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAF04C840C244528AEE Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00 Category/ Type

B. Full Name (Last, First, Middle Initial) McCaul for Congress Inc. Mailing Address 815-A Brazos Street PMB 230 City Austin State TX Zip Code 78701 Purpose of Disbursement Political Contribution Candidate Name Rep. Michael T. McCaul Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5D6ED518F8C144D8A60 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/ Type

C. Full Name (Last, First, Middle Initial) Mike Thompson for Congress Mailing Address 5429 Madison Avenue City Sacramento State CA Zip Code 95841 Purpose of Disbursement Political Contribution Candidate Name Rep. Mike Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6A2C750A19714B7BAEF Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 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)

Tom Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Political Contribution

Candidate Name
Rep. Thomas E. Price

Office Sought: House
 Senate
 President

State: GA District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: B2A1C71E987E54D24990

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

19600.00