



**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 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
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| M | M |
| 0 | 3 |

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| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>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>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 108191.97 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 108822.00               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 2060.63                 | 3839.19                           |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 110882.63               | 112031.16                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 31582.91                | 32731.44                          |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 79299.72                | 79299.72                          |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 1634.65                       | 2824.17                           |
| (ii) Unitemized .....  | 425.98                        | 1015.02                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 2060.63                       | 3839.19                           |
| (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) .....     | 2060.63                       | 3839.19                           |
| 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)) .....                          | 2060.63                       | 3839.19                           |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 2060.63                       | 3839.19                           |

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 82.91                         | 231.44                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 82.91                         | 231.44                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 31500.00                      | 32500.00                          |
| 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))..       | 31582.91                      | 32731.44                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 31582.91                      | 32731.44                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 11

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 2060.63                       | 3839.19                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 2060.63                       | 3839.19                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 82.91                         | 231.44                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 82.91                         | 231.44                            |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11  
(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

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 Occupation  
Tops Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1419.72

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** AAEDE97E99603402D9D4

Amount of Each Receipt this Period  
591.55

**B.**

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 Occupation  
Tops Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1419.72

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** A435E989C6A2047C1B2F

Amount of Each Receipt this Period  
574.65

**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 Occupation  
Tops Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 289.34

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** A6C5A58331A4543F3BCB

Amount of Each Receipt this Period  
117.11

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1283.31**

**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 / 11  
(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)  
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 ▼ 237.67

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** A42F4DE4F5653454CABF

Amount of Each Receipt this Period  
117.11

**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

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

Name of Employer Occupation  
United Surgical Partners International Senior VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 578.68

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** A71386FADC03B42D7ADF

Amount of Each Receipt this Period  
234.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► **351.34**

**TOTAL** This Period (last page this line number only) ..... ► **1634.65**

**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 8 / 11

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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

A.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address Bank of America, N.A.

City Dallas State TX Zip Code 75283-0001

Purpose of Disbursement  
Bank fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BD134BC98B9F2448C8CC

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

82.91

SUBTOTAL of Disbursements This Page (optional) .....

82.91

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

82.91

# 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

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Berkley for Congress<br><hr/> Mailing Address 3069 Conquista Ct<br><hr/> City Las Vegas State NV Zip Code 89121-3866<br><hr/> Purpose of Disbursement<br>Political Contribution<br><hr/> Candidate Name<br>Rep. Shelley Berkley<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: NV District: 01     | Transaction ID: B6F1ECA8AF95741EFA4E<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2010  |
|  | Amount of Each Disbursement this Period<br>5000.00   |
|  | Category/<br>Type  |
|  | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Carper for Senate<br><hr/> Mailing Address 19 EAST COMMONS BLVD<br>SECOND FLOOR<br><hr/> City NEW CASTLE State DE Zip Code 19720<br><hr/> Purpose of Disbursement<br>Political Contribution<br><hr/> Candidate Name<br>Sen. Tom Carper<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: DE District: | Transaction ID: B7E4DF5B830334BF0BC1<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2010  |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type  |
|  | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Castor for Congress<br><hr/> Mailing Address 301 W. Platt Street<br>#385<br><hr/> City Tampa State FL Zip Code 33606<br><hr/> Purpose of Disbursement<br>Political Contribution<br><hr/> Candidate Name<br>Rep. Kathy Castor<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: FL District: 11        | Transaction ID: BEA0543715A204E83B99<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2010  |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type  |
|  | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 10000.00 |
| <b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Joe Pitts</p> <p>Mailing Address PO BOX 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement<br/>Political Contribution</p> <p>Candidate Name<br/>Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: PA District: 16</p>                        | <p><b>Transaction ID:</b> BB698CC84B31B4E5F918</p> <p>Date of Disbursement<br/>03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Marsha Blackburn for Congress</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement<br/>Political Contribution</p> <p>Candidate Name<br/>Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: TN District: 07</p>             | <p><b>Transaction ID:</b> BA4E469F2A9C64D49B9E</p> <p>Date of Disbursement<br/>03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>McNerney for Congress</p> <p>Mailing Address 6510 Village Parkway<br/>Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement<br/>Political Contribution</p> <p>Candidate Name<br/>Rep. Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: CA District: 11</p> | <p><b>Transaction ID:</b> B5B79F97084704127AA0</p> <p>Date of Disbursement<br/>03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> |

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

12500.00

**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)

PAGE 11 / 11

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

Mike Crapo for US Senate

Mailing Address PO Box 1945

City  
Boise

State  
ID

Zip Code  
83701-1945

Purpose of Disbursement  
Political Contribution

Candidate Name  
Sen. Mike Crapo

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ID District:

**Transaction ID:** B83DC38D1C72945FAB14

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Wyden for Senate

Mailing Address 232 NE 9TH Avenue

City  
Portland

State  
OR

Zip Code  
97232

Purpose of Disbursement  
Political Contribution

Candidate Name  
Sen. Ron Wyden

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District:

**Transaction ID:** BABD4F7965BDD456EA97

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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