



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Sidney Miller, Treasurer  
Universal Health Services  
Employees' Good Government Fund  
367 South Gulph Road  
King of Prussia, PA 19406

APR 3 1996

Identification Number: C00185520

Reference: Year End Report (7/1/95-12/31/95)

Dear Mr. Miller:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portions attached) discloses an apparent contribution(s) from a corporation(s). 2 U.S.C. §441b(a)) prohibits the receipt of contributions from corporations unless made from a separate segregated fund established by the corporation.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a corporate contribution(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the

*Celebrating the Commission's 20th Anniversary*

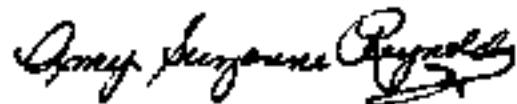
YESTERDAY, TODAY AND TOMORROW  
DEDICATED TO KEEPING THE PUBLIC INFORMED

period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Amy Suzanne Reynolds  
Reports Analyst  
Reports Analysis Division

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 EMPLOYEES GOOD GOVERNMENT FUND

|                                                                                                                                                     |                                                  |                                            |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Jules A. Silver, M.D. LTD<br>820 Rancho Lane, Suite 60<br>Las Vegas, NV 89106                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>8/7/95   | <b>Amount of Each Receipt this Period</b><br>\$1,000 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Aggregate Year-to-Date</b> > \$ 1,000         |                                            |                                                      |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Associated Pathologists, chartered<br>4230 S. Burnham Avenue, Suite 250<br>Las Vegas, NV 89119 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br>8/7/95   | <b>Amount of Each Receipt this Period</b><br>\$1,000 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Aggregate Year-to-Date</b> > \$ 1,000         |                                            |                                                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Alan B. Miller<br>57 Crosby Brown Road<br>Gladwyne, PA 19035                                   | <b>Name of Employer</b><br>UHS of Delaware Inc   | <b>Date (month, day, year)</b><br>12/27/95 | <b>Amount of Each Receipt this Period</b><br>\$200   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Aggregate Year-to-Date</b> > \$               |                                            |                                                      |
| <b>D. Full Name, Mailing Address and ZIP Code</b>                                                                                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>             | <b>Amount of Each Receipt this Period</b>            |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Aggregate Year-to-Date</b> > \$               |                                            |                                                      |
| <b>E. Full Name, Mailing Address and ZIP Code</b>                                                                                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>             | <b>Amount of Each Receipt this Period</b>            |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Aggregate Year-to-Date</b> > \$               |                                            |                                                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>             | <b>Amount of Each Receipt this Period</b>            |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Aggregate Year-to-Date</b> > \$               |                                            |                                                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>             | <b>Amount of Each Receipt this Period</b>            |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Aggregate Year-to-Date</b> > \$               |                                            |                                                      |

SUBTOTAL of Receipts This Page (optional)

2,200

TOTAL This Period (last page this line number only)

2,200

9 6 0 3 0 3 4 1 1 3 8

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1 4 1 5 2 3 0 3 0 9 6