

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

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

FOR LINE NUMBER: PAGE 12 OF 17  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Matney, Douglas, , ,**

Mailing Address 100 E. Cornell Ave.

City  
McAllen

State  
TX

Zip Code  
78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
McAllen Medical Center

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : SA11AI.16400

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Michael, , ,**

Mailing Address 10701 Debmoor PI

City  
Raleigh

State  
NC

Zip Code  
27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UHS of Delaware, Inc.

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2019

Transaction ID : SA11AI.16425

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Alan, B, ,**

Mailing Address 57 Crosby Brown Road

City  
Gladwyne

State  
PA

Zip Code  
19035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UHS of DE

Occupation (for Individual)  
Chairman and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : SA11AI.16397

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

5500.00

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