

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 Year-End 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 (12S)

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 / / through / /

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

Signature of Treasurer Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		282587.89
(b) Cash on Hand at Beginning of Reporting Period.....	287841.83	
(c) Total Receipts (from Line 19)	16305.84	53183.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	304147.67	335771.73
7. Total Disbursements (from Line 31).....	924.90	32548.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	303222.77	303222.77
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

Report Covering the Period: From: / / To: / /

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).....	9635.44	34404.84
(ii) Unitemized	5946.18	15075.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15581.62	49480.78
(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)	15581.62	49480.78
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.).....	724.22	3703.06
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 Transfers (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)).....▶	16305.84	53183.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16305.84	53183.84

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	28000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	924.90	4548.96
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	924.90	32548.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	924.90	32548.96

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	15581.62	49480.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15581.62	49480.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 18
<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bernier, Stephanie, , ,		Date of Receipt MM / DD / YYYY 05 / 01 / 2026 Transaction ID : SA11AI.21305
Mailing Address 13600 Marina Pointe Dr Unit 409		Amount of Each Receipt this Period 250.00
City Marina Del Rey	State CA	Zip Code 90292
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UHS of Delaware, Inc.	Occupation (for Individual) CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Boyle, Charles, , ,		Date of Receipt MM / DD / YYYY 05 / 01 / 2026 Transaction ID : SA11AI.21277
Mailing Address 23 Newtown Woods Road		Amount of Each Receipt this Period 57.60
City Newtown Square	State PA	Zip Code 19073
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UHS of Delaware, Inc.	Occupation (for Individual) SVP-Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.25	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bromberg, Alan, , ,		Date of Receipt MM / DD / YYYY 05 / 01 / 2026 Transaction ID : SA11AI.21308
Mailing Address 2 Villa Dr		Amount of Each Receipt this Period 250.00
City Ambler	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UHS of Delaware, Inc.	Occupation (for Individual) AVP- Talent Mgmt	
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).....	557.60
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 7 OF 18
	<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Brunner, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Ridgeview Dr.
 City Collegeville State PA Zip Code 19426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21309
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Carson, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 721 Arlington Rd
 City Penn Valley State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Chief Litigation Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21275
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Chandler, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5907 Aberdeen Pkwy
 City Amarillo State TX Zip Code 79119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Group VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.84

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21282
 Amount of Each Receipt this Period 60.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.84
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 8 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Cullinan, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 Hamilton Drive
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) VP-Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21313
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Devereaux, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 Hawkins Rd
 City Sweetwater State TN Zip Code 37874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Div VP-Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2026
Transaction ID : SA11AI.21303
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Drummond, Franklin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4340 Beekman Dr
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) CMO BH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21315
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 9 OF 18
<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Gallagher, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4630 Kaitlyn Ln
 City Grapevine State TX Zip Code 76051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Regional VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21317
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Goodwin, Clark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Swedesford Rd Apt 308
 City Berwyn State PA Zip Code 19312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) VP & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21289
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Goss, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7006 Old Millstone Dr
 City Mechanicsville State VA Zip Code 23111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Sr Dir-Revenue Cycle
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2026
Transaction ID : SA11AI.21357
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	790.00
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 10 OF 18
<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Hensler, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11524 Cannon Falls Ave
 City Las Vegas State NV Zip Code 89138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2026
Transaction ID : SA11AI.21319
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Herget, Jordan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3745 Aspen Hollow
 City Reno State NV Zip Code 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026
Transaction ID : SA11AI.21374
 Amount of Each Receipt this Period
 350.00
 Memo Item

C. Kaufman, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2723 Via Napoli Unit 1310
 City Henderson State NV Zip Code 89044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2026
Transaction ID : SA11AI.21326
 Amount of Each Receipt this Period
 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 11 OF 18
<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Macsuga, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4436 Barbados Loop
 City Clermont State FL Zip Code 34711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Div Clinical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21327
 Amount of Each Receipt this Period 400.00
 Memo Item

B. McDonald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 652 LESLIE LANE
 City YARDLEY State PA Zip Code 19067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) DIV VP-BH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21330
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Pardeshi, Abhishek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3427 Trimble Rd
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21333
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 12 OF 18
<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Perez, Karla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4398 Cameron Brook Court
 City Las Vegas State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Regional VP-Acute
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21334
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Permenter, Ethan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 N COLLIERVILLE ARLINGTON RD
 City EADS State TN Zip Code 38028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Div SVP- BH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2026
Transaction ID : SA11AI.21377
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Perry, Sally, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Skipjack Ln
 City Savannah State GA Zip Code 31411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Regional VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21335
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 13 OF 18
<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Peters, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 SPRUCE CANYON ST
 City LAS VEGAS State NV Zip Code 89144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2026
Transaction ID : SA11AI.21353
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ramagano, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Allison Dr
 City Broomall State PA Zip Code 19008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) SVP-Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21337
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Reber, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12330 Lavender Loop
 City Bradenton State FL Zip Code 34212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2026
Transaction ID : SA11AI.21375
 Amount of Each Receipt this Period 250.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
	<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Reynolds, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10700 County Rd 4038
 City Scurry State TX Zip Code 75158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Div VP- Business Develp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21338
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Saliba, Georgene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1135 Granite Dr
 City Bethlehem State PA Zip Code 18017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) VP- Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 04 / 2026
Transaction ID : SA11AI.21362
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Scholnick, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1537 South 1500 E
 City Salt Lake City State UT Zip Code 84105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Reg VP-BH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21340
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 15 OF 18
	<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)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Sim, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6126 S. BOSTON CIRCLE
 City GREENWOOD VILLAGE State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) Exec VP-President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 04 / 2026
Transaction ID : SA11AI.21347
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Smith, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 EMERSON ST
 City Philadelphia State PA Zip Code 19111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 473.50

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.21281
 Amount of Each Receipt this Period 127.00
 Memo Item

C. Visser, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35970 Gold Mine Dr
 City Temecula State CA Zip Code 92592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 04 / 2026
Transaction ID : SA11AI.21359
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1177.00
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 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Yody, Barbara, , ,

Mailing Address 220 N Narberth Ave

City Narberth State PA Zip Code 19072

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

Name of Employer (for Individual) UHS of Delaware, Inc. Occupation (for Individual) BH VP Process & Performance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2026

Transaction ID : SA11AI.21344

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	9635.44

**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 OF 18
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

A. Wells Fargo Bank

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

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3703.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2026

Transaction ID : SA17.21378

Amount of Each Receipt this Period
724.22

Memo Item

Interest earned on investment account

B.

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	724.22
TOTAL This Period (last page this line number only).....	724.22

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

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NAME OF COMMITTEE (In Full)

Universal Health Services, Inc. Good Government Fund (UHS Good Government Fund)

Full Name (Last, First, Middle Initial)

A. Elavon Merchant Services

Mailing Address 7300 Chapman Hwy

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement

Monthly credit card fees

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C

Transaction ID : SB29.21379

Amount of Each Disbursement this Period

707.01

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement

Monthly bank fees

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	2	6

FEC Identification Number

C

Transaction ID : SB29.21380

Amount of Each Disbursement this Period

217.89

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

924.90

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

924.90