

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
Universal Health Services, Inc. Employees' Good Government Fund

ADDRESS (number and street) 367 South Gulph Road
PO Box 61558
 Check if different than previously reported. (ACC)
King of Prussia PA 19406 0958

2. **FEC IDENTIFICATION NUMBER** C00185520
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 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 07 01 2007 through 12 31 2007

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 Cheryl K. Ramagano

Signature of Treasurer Electronically Filed by Cheryl K. Ramagano Date 12 31 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Universal Health Services, Inc. Employees' Good Government Fund

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand 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>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		39666.06
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	46091.08									
(c) Total Receipts (from Line 19)	35462.09	64905.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81553.17	104571.92								
7. Total Disbursements (from Line 31)	6523.45	29542.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75029.72	75029.72								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Universal Health Services, Inc. Employees' Good Government Fund

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	15638.10	32583.61
(i) Itemized (use Schedule A)		
(ii) Unitemized	19823.99	32322.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35462.09	64905.86
(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)	35462.09	64905.86
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))	35462.09	64905.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35462.09	64905.86

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	23.45	42.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	23.45	42.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	29500.00
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))..	6523.45	29542.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6523.45	29542.20

DETAILED SUMMARY PAGE
of Disbursements

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)	35462.09	64905.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35462.09	64905.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23.45	42.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23.45	42.20

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

A. Full Name (Last, First, Middle Initial)
Jason M. Adams

Mailing Address 10555 Wintergrass Dr.

City State Zip Code
Las Vegas NV 89135

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

Name of Employer Occupation
UHS of Delaware, Inc. COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.6584

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel Anderson

Mailing Address 515 Camino Real

City State Zip Code
Redondo Beach CA 90277

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

Name of Employer Occupation
Del Amo Behavioral Health Sys Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2007

Transaction ID: SA11A1.6384

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Charlene Arnett

Mailing Address 52 Prestwick Lane

City State Zip Code
Amarillo TX 79124

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

Name of Employer Occupation
UHS of Delaware, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.6556

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

A. Full Name (Last, First, Middle Initial)
Geoffrey Botak

Mailing Address 234 Windsor Ct.

City State Zip Code
Glen Mills PA 19342

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

Name of Employer Occupation
UHS of Delaware, Inc. CEO/Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.6519

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
George Brunner

Mailing Address 229 Ridgeview Dr.

City State Zip Code
Collegeville PA 19426

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

Name of Employer Occupation
UHS of Delaware, Inc. Asst. General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.6507

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Gerald Cohen

Mailing Address 1045 Atlantic Ave. Suite # 705

City State Zip Code
Long Beach CA 90813

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

Name of Employer Occupation
Del Amo Behavioral Health Sys Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.6617

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

A. Full Name (Last, First, Middle Initial)
Betti Colucci

Mailing Address 1688 Milton Road

City State Zip Code
Napa CA 94559

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

Name of Employer UHS of Delaware, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.6628

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Margaret Covelli

Mailing Address 672 Hitchen Post Dr.

City State Zip Code
Henderson NV 89015

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

Name of Employer UHS of Delaware, Inc. Occupation Chief Nurse Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.6585

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mark Crawford

Mailing Address 2106 Donlon Ct.

City State Zip Code
Henderson NV 89012-2709

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

Name of Employer UHS of Delaware, Inc. Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: SA11A1.6178

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. Robert Crist		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 552 W 880 S		Transaction ID: SA11A1.6289	
City State Zip Code Orem UT 84058	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Provo Canyon School	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Robert Doney		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 15630 Corte Raposo		Transaction ID: SA11A1.6502	
City State Zip Code San Diego CA 92127	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Paul Earley		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 532 Harold Ave.		Transaction ID: SA11A1.6311	
City State Zip Code Atlanta GA 30307	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Talbot Recovery Campus	Occupation Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or 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"/> 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. Employees' Good Government Fund

A. Full Name (Last, First, Middle Initial)
Nina Eisner

Mailing Address 1109 Sheffield Place

City Lexington State KY Zip Code 40509

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

Name of Employer UHS of Delaware, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt
09 / 18 / 2007

Transaction ID: SA11A1.6623

Amount of Each Receipt this Period
104.00

B. Full Name (Last, First, Middle Initial)
Norma Ferris

Mailing Address 4389 Clearbrook Place

City Las Vegas State NV Zip Code 89103

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

Name of Employer Spring Mountain Treatment Cnt Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 18 / 2007

Transaction ID: SA11A1.6579

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
John Fletcher

Mailing Address 56 Wildwood Ave.

City Newton State MA Zip Code 02460

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

Name of Employer UHS of Delaware, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
09 / 18 / 2007

Transaction ID: SA11A1.6630

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	229.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David Fletcher Janzen		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1526 Mackenzie St.		Transaction ID: SA11A1.6620	
City State Zip Code San Angelo TX 76901	Amount of Each Receipt this Period 91.60		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.48		

Full Name (Last, First, Middle Initial) B. Leonard Freehof		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 9910 171st Ave. SE		Transaction ID: SA11A1.6473	
City State Zip Code Renton WA 98059	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO/Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Joseph Gardler		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1708 Melrose Ave.		Transaction ID: SA11A1.6494	
City State Zip Code Havertown PA 19083	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation Financial Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	891.60
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. Russell E. Goad		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007	
Mailing Address 142 Big John Drive		Transaction ID: SA11A1.6165	
City State Zip Code Martin TN 38237	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Robert Halinski		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007	
Mailing Address 101 Hedgerow Way		Transaction ID: SA11A1.6156	
City State Zip Code Lansdale PA 19446	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation Reimbursement Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. T. Stuart Harris		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 38 Masters Place Dr		Transaction ID: SA11A1.6382	
City State Zip Code Maumelle AR 72113-7019	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Bridgeway	Occupation Medical Director		
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) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tim Hingtgen		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1812 Paseo Overlook Court		Transaction ID: SA11A1.6589	
City State Zip Code Las Vegas NV 89128	Amount of Each Receipt this Period 125.01		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.01		

Full Name (Last, First, Middle Initial) B. Dr. Peter Hirsch		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 3250 Lomita Blvd		Transaction ID: SA11A1.6387	
City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Del Amo Behavioral Hospital Sy	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Trilby Hoover		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007	
Mailing Address P.O. Box 212		Transaction ID: SA11A1.6158	
City State Zip Code Loa UT 84747-0212	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ascent Wilderness Program	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	675.01
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 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	

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. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. Maribeth Jenquine		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 15 Highview Rd.		Transaction ID: SA11A1.6488	
City State Zip Code Downingtown PA 19335		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UHS of Delaware Director of Corp Business Office			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Karen Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1781 W Altgeld Unit E		Transaction ID: SA11A1.6497	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UHS of Delaware, Inc. Div. A.V.P. Clinical Srvc.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Paul Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 955 Gooby Rd.		Transaction ID: SA11A1.6477	
City State Zip Code Sandpoint ID 83864		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UHS of Delaware, Inc. Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	875.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 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)
 Universal Health Services, Inc. Employees' Good Government Fund

A. Full Name (Last, First, Middle Initial)
 Sam Kaufman

Mailing Address 441 Beardsley Circle

City Henderson State NV Zip Code 89052

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

Name of Employer UHS of Delaware, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2007

Transaction ID: SA11A1.6512

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Joel Klein

Mailing Address 531 Mckinney Trl.

City Rockwell State TX Zip Code 75087-9262

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

Name of Employer UHS of Delaware, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 09 / 2007

Transaction ID: SA11A1.6711

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
 Robert Lehman

Mailing Address 212 Jones Mill Road

City Williamsburg State VA Zip Code 23188

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

Name of Employer UHS of Delaware, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2007

Transaction ID: SA11A1.6534

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)	▶	380.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. Robert Lehman		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 212 Jones Mill Road		Transaction ID: SA11A1.6629	
City State Zip Code Williamsburg VA 23188		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UHS of Delaware, Inc. CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) B. Vickie Lewis		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 2411 Sweetwater Country Club Place		Transaction ID: SA11A1.6621	
City State Zip Code Apoka FL 32712		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UHS of Delaware, Inc. CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Wes Mason		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 104 Mainsail Dr.		Transaction ID: SA11A1.6558	
City State Zip Code Hampton VA 23664		Amount of Each Receipt this Period 83.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UHS of Delaware, Inc. CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 383.00	

SUBTOTAL of Receipts This Page (optional) ▶	253.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. Mark Mayo		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 6692 West Vinings Creek Cove		Transaction ID: SA11A1.6356	
City State Zip Code Memphis TN 38119	Amount of Each Receipt this Period 450.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Joseph Mazzucotelli		Date of Receipt M M / D D / Y Y Y Y 11 / 09 / 2007	
Mailing Address 1336 Hornchurch Ave.		Transaction ID: SA11A1.6648	
City State Zip Code Casper WY 82609	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wyoming Behavioral Institute	Occupation Director of Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) C. William Niles		Date of Receipt M M / D D / Y Y Y Y 11 / 09 / 2007	
Mailing Address 302 Jane Lane		Transaction ID: SA11A1.6653	
City State Zip Code Boiling Springs PA 17007	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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) or 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Jennifer Nolan

Mailing Address 15117 Brewster Rd.

City State Zip Code
Covington LA 70433

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

Name of Employer Occupation
UHS of Delaware, Inc. CEO/Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2007

Transaction ID: SA11A1.6304

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Evelyn Nolting

Mailing Address 160 Greencrest Dr.

City State Zip Code
Slidell LA 70458

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

Name of Employer Occupation
UHS of Delaware, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: SA11A1.6186

Amount of Each Receipt this Period
220.00

C. Full Name (Last, First, Middle Initial)
James R. Orr, Jr.

Mailing Address 210 3rd St West
APT # 4201

City State Zip Code
Bradenton FL 34205

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

Name of Employer Occupation
UHS of Delaware, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11A1.6543

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	620.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. Dr. Delbert Pearson		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 4501 N. Univ. Ave.		Transaction ID: SA11A1.6450	
City Provo	State UT	Zip Code 84604	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Provo Canyon School	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Karla Perez		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 2209 Paiute Meadows		Transaction ID: SA11A1.6582	
City Las Vegas	State NV	Zip Code 89134	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Michael Perry		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 2205 Cherokee Circle		Transaction ID: SA11A1.6624	
City Valparaiso	State IN	Zip Code 46383	Amount of Each Receipt this Period 160.00
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00		

SUBTOTAL of Receipts This Page (optional) ▶	910.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gary S. Petok		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 4500 Steiner Ranch Blvd Unit 3309		Transaction ID: SA11A1.6501	
City Austin State TX Zip Code 78732	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc. Occupation Asst. General Counsel	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Barry Pipkin		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 105 Quapaw Trail		Transaction ID: SA11A1.6496	
City Maumelle State AR Zip Code 72113	Amount of Each Receipt this Period 187.50		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc. Occupation CEO	Aggregate Year-to-Date 887.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Patricia Sanders		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007	
Mailing Address 113 Leandro		Transaction ID: SA11A1.6176	
City Anaheim State CA Zip Code 92807	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Corona Regional Medical Center Occupation Director	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	787.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. Martin Schappell		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 7383 Heritage Palms Estates Dr.		Transaction ID: SA11A1.6498	
City State Zip Code Fort Myers FL 33912	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation Divisional VP BH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Jerome Schnitt		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 405 Colonial Rd.		Transaction ID: SA11A1.6592	
City State Zip Code Guilford CT 06437	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Stonington Institute	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. William Sexton		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1920 Cornwall		Transaction ID: SA11A1.6591	
City State Zip Code Casper WY 82609	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Universal Health Services, Inc	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.99		

SUBTOTAL of Receipts This Page (optional) ▶	592.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. William Sexton		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1920 Cornwall		Transaction ID: SA11A1.6622	
City State Zip Code Casper WY 82609	Amount of Each Receipt this Period 174.99		
FEC ID number of contributing federal political committee. C			
Name of Employer Universal Health Services, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.98		

Full Name (Last, First, Middle Initial) B. Joseph T. Sheehy		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 1310 E. Ridgefield Dr.		Transaction ID: SA11A1.6389	
City State Zip Code Mahomet IL 61853	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Leanne Shields		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 2016 Aspen Brook Dr.		Transaction ID: SA11A1.6586	
City State Zip Code Henderson NV 89014	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CFO		
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) ▶	924.99
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

A. Full Name (Last, First, Middle Initial)
Dr. Lane Smith

Mailing Address 2689 Bridger Blvd.

City State Zip Code
Sandy UT 84093

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

Name of Employer Occupation
Provo Canyon School Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2007

Transaction ID: SA11A1.6453

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Debbie Strzelecki

Mailing Address 2445 Brant St. Unit 302

City State Zip Code
San Diego CA 92101

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

Name of Employer Occupation
UHS of Delaware, Inc. Director of Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2007

Transaction ID: SA11A1.6499

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Benjamin Underwood

Mailing Address 2104 Murren Drive

City State Zip Code
Smyrna GA 30080

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

Name of Employer Occupation
UHS of Delaware, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2007

Transaction ID: SA11A1.6313

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. Laura Vega		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address Calle 50 Blq 54 No 12 Villa Caroli		Transaction ID: SA11A1.6322	
City State Zip Code Carolina PR 00985	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Charles Webb		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 9202 Springbrooke Circle		Transaction ID: SA11A1.6594	
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Richard C. Wright		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 104 Cross Creek Drive		Transaction ID: SA11A1.6485	
City State Zip Code Chapel Hill NC 27514	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UHS of Delaware, Inc	Occupation V.P. of Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 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"/> 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. Employees' Good Government Fund

A. Full Name (Last, First, Middle Initial)
Robert Zurad

Mailing Address 2245 Warner Rd.

City	State	Zip Code
Lansdale	PA	19446

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

Name of Employer UHS of Delaware, Inc.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	7

Transaction ID: SA11A1.6508

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	15638.10

**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 26 / 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)
Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial) A. BATTLE BORN POLITICAL ACTION COMMITTEE		Transaction ID: SB23.6712 Date of Disbursement
Mailing Address PO Box 40366 Suite 300		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20016
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. CHAMBLISS FOR SENATE		Transaction ID: SB23.6722 Date of Disbursement
Mailing Address POST OFFICE BOX 12469		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City ATLANTA	State GA	Zip Code 30355
Purpose of Disbursement Support Candidacy		Amount of Each Disbursement this Period
Candidate Name Saxby Chambliss		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: GA District: 00		

Full Name (Last, First, Middle Initial) C. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE		Transaction ID: SB23.6714 Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #1612		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Los Angeles	State CA	Zip Code 90048
Purpose of Disbursement Support Candidacy		Amount of Each Disbursement this Period
Candidate Name Henry Waxman		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: CA District: 30		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 27 / 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)

Universal Health Services, Inc. Employees' Good Government Fund

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address 499 S. Capitol St. SW, Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement
Support Candidacy

Candidate Name
Jim Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: SC District: 6

Transaction ID: SB23.6262

Date of Disbursement

07 / 27 / 2007

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)

6500.00