

**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.

12FE4M5

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

569 BROOKWOOD VILLAGE

SUITE 901

☐ Check if different than previously reported. (ACC)

BIRMINGHAM

AL

35209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00440743

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y

10

20

2016

through

M M / D D / Y Y Y Y Y Y

11

28

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Sharff, Richard, L., Jr.

Type or Print Name of Treasurer

Signature of Treasurer

Sharff, Richard, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12

08

2016

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**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		69047.16
(b) Cash on Hand at Beginning of Reporting Period.....	88405.61	
(c) Total Receipts (from Line 19)	8141.62	64222.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	96547.23	133269.49
7. Total Disbursements (from Line 31).....	0.00	36722.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	96547.23	96547.23
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	1	6

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).....	6486.80	43341.60
(ii) Unitemized	1648.05	20819.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8134.85	64161.00
(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)	8134.85	64161.00
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.).....	6.77	61.33
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))	8141.62	64222.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8141.62	64222.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	122.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	122.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	29000.00
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).....	0.00	7600.00
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)) ..	0.00	36722.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	36722.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8134.85	64161.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8134.85	64161.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	122.26
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	122.26

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

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

FOR LINE NUMBER: PAGE 6 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Aguayo, David, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6159

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$40.00 biweekly

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

B. Barsamian-Armstrong, Judith, E., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6161

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Betancourt, Leah, H., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6165

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 7 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Bloebaum, Jennifer, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AL6166

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Bunch, Sandra, K., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AL6171

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Burns, Vicki, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

456.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AL6174

Amount of Each Receipt this Period

57.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

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

117.00

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

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

FOR LINE NUMBER: PAGE 8 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Choksi, Ajay, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6180

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$50.00 biweekly

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

B. Chye, Eleanor, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6181

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll deduction \$60.00 biweekly

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

C. Colbert, Joseph, E., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6323

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

390.00

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

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

FOR LINE NUMBER: PAGE 9 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Collins, Kelli, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6182

Amount of Each Receipt this Period

57.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

B. Courtay, Rena, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6186

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Crump, Carol, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6188

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

192.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Davis, Elizabeth, A., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11Al.6190

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Donnelly, Alison, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, External Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11Al.6192

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Doroni, Debra, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11Al.6193

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

125.00

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 11 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Dragolovic, Goran, , ,

Mailing Address 2012 E. Glenoaks Blvd

City
Glendale

State
CA

Zip Code
91206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6194

Amount of Each Receipt this Period

285.00

☐ Memo Item

Payroll deduction \$95.00 biweekly

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

B. Dugan, Ann, L., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6195

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Edler, Marie, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
SDR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6198

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll deduction \$35.00 biweekly

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

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

465.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Elia, Viva, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6200

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll deduction \$77.00 biweekly

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

B. Elliott, Kevin, R., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Senior Director, Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6201

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

C. Ellison, Christian, D., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2760.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6202

Amount of Each Receipt this Period

345.00

☐ Memo Item

Payroll deduction \$115.00 biweekly

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

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

621.00

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

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

FOR LINE NUMBER: PAGE 13 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Erb, Ronald, E., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6203

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Evelyn, Jim, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6204

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Fees, Nicholas, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Assistant Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6205

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

120.00

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 14 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Festi, David, J.,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6206

Amount of Each Receipt this Period

57.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

B. Frazier, Brandon, T.,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6207

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Gallagher, Charles, O.,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6208

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

162.00

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

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

FOR LINE NUMBER: PAGE 15 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Gamez, Mary, A., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Business Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6209

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Garcia, Gabriel, M., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6210

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. George, Margaret, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6211

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

120.00

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 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Golkow, Amanda, K., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6212

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Graham, Jennifer, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6213

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

C. Grantham, David, L., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

120.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Hamers, Kevin, M., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period

36.00

☐ Memo Item

Payroll deduction \$12.00 biweekly

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

B. Hayek, Andrew, P., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6219

Amount of Each Receipt this Period

576.90

☐ Memo Item

Payroll deduction \$192.30 biweekly

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

C. Hayes, Jeffrey, W., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6220

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

642.90

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 35

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Hess, Cory, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6222

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

B. Ho, Huong, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

C. Hunter, Jenny, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6227

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

165.00

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 19 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Jimenez, Geronimo, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

B. Klassen, Christopher, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

C. Konieczny, Brian, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 20 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Lally, Thomas, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6235

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

B. Langston, Mark, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6236

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Laperriere, Nicolas, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll deduction \$35.00 biweekly

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 21 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Linder, William, T., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.6239 Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Memo Item Payroll deduction \$50.00 biweekly	
B. Loeffler, Debbie, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.6241 Amount of Each Receipt this Period 30.00 <input type="checkbox"/> Memo Item Payroll deduction \$10.00 biweekly	
C. Lord Younts, Dana, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) HR Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.6242 Amount of Each Receipt this Period 30.00 <input type="checkbox"/> Memo Item Payroll deduction \$10.00 biweekly	
SUBTOTAL of Receipts This Page (optional).....			210.00	
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 22 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Lowder, Lindsay, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6243

Amount of Each Receipt this Period

57.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

B. Lowther, Kristine, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6244

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Lucey, Michael, , ,

Mailing Address 5715 N Bay Ridge Avenue

City
Whitefish Bay

State
WI

Zip Code
53217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6245

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

192.00

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

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

FOR LINE NUMBER: PAGE 23 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Mathis, Brian, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6246

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

B. McCall, Adrienne, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6248

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. McIntosh, Stephanie, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6251

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 24 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. McLane-Onofrio, Dawn, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Dir. Integration Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6252

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Meeks, Dare, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6253

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Melancon, Willis, P, ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Senior Director, Financial Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6254

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 25 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Mills, Michelle, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6255

Amount of Each Receipt this Period

36.00

☐ Memo Item

Payroll deduction \$12.00 biweekly

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

B. Mondo, Gina, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Morgan, Audra, E., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6259

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

96.00

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 26 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Nelson, Thomas, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6260

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Olson, Bryan, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6263

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Pace, Louise, M, ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6264

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

165.00

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

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

FOR LINE NUMBER: PAGE 27 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Pitts, Candace, A., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Business Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6266

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Pocarobba, Jack, A., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6267

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Prince, Phillip, R., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6268

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 28 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Raskin, Leslie, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6273

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

B. Roberts, Cory, P., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6276

Amount of Each Receipt this Period

115.38

☐ Memo Item

Payroll deduction \$38.46 biweekly

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

C. Rosen, Andrew, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

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

235.38

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

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

FOR LINE NUMBER: PAGE 29 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Rucker, Michael, A., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6279

Amount of Each Receipt this Period

173.07

☐ Memo Item

Payroll deduction \$57.69 biweekly

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

B. Sharff, Richard, L., , Jr.

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
EVP & Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6285

Amount of Each Receipt this Period

288.45

☐ Memo Item

Payroll deduction \$96.15 biweekly

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

C. Shi, Diana, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, Financial Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6286

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

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

506.52

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

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

FOR LINE NUMBER: PAGE 30 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Sobel, Rikki, S., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6291

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Sorg, Susan, L., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6292

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

C. Stack, Jeanette, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6293

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 31 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Stephanie, Carla, F., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6294

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

B. Stewart, Matt, L., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6295

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Strauss, Jason, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6297

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll deduction \$80.00 biweekly

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

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

315.00

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

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

FOR LINE NUMBER: PAGE 32 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Szott, Timothy, D., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6302

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Torbatian, Veronica, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Senior Director, Revenue Cycle

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6305

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$40.00 biweekly

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

C. Vessel, Michelle, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, Managed Care Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6306

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

180.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 35

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Wachsman, Leslie, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliate

Occupation (for Individual)
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6309

Amount of Each Receipt this Period

57.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

B. Waite, Kristi, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6311

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Weaver, Kristi, , ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

11 / 28 / 2016

Transaction ID : SA11AI.6312

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

147.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 35

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Wells, Coy, R., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6313

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

B. White, Victoria, F., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6314

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Yuckman, Timothy, W., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.6320

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

105.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 35 OF 35

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Zahn, Albert, J., ,

Mailing Address 569 Brookwood Village
Suite 901

City
Birmingham

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Care Affiliates

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AL6321

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B.

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

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

C.

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)..... ►

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

30.00

6486.80