

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.
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Richard L. Sharff Jr.

Signature of Treasurer Richard L. Sharff Jr. [Electronically Filed] Date / /

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)

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="69047.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83508.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16957.95"/>	<input type="text" value="36418.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="100466.08"/>	<input type="text" value="105466.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19100.00"/>	<input type="text" value="24100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81366.08"/>	<input type="text" value="81366.08"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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. 06/2004)

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10833.20	21793.00
(ii) Unitemized	6106.45	14590.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16939.65	36383.55
(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)	16939.65	36383.55
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.).....	18.30	35.37
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))..... ▶	16957.95	36418.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16957.95	36418.92

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	19000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5100.00	5100.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	19100.00	24100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19100.00	24100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	16939.65	36383.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16939.65	36383.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. David J. Aguayo
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5669

Amount of Each Receipt this Period 280.00

Memo Item
Payroll deduction \$40.00 biweekly

B. Jacquelin Belcher
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5674

Amount of Each Receipt this Period 133.00

Memo Item
Payroll deduction \$19.00 biweekly

C. Mary Beth Brust
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5682

Amount of Each Receipt this Period 140.00

Memo Item
Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 553.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Vicki Burns		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5685
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 133.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll deduction \$19.00 biweekly	
Name of Employer Surgical Care Affiliates	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) B. Ajay Chokski		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5690
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 350.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll deduction \$50.00 biweekly	
Name of Employer Surgical Care Affiliates	Occupation Group Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Eleanor Chye		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5691
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 420.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll deduction \$60.00 biweekly	
Name of Employer Surgical Care Affiliates	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional).....▶	903.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Joseph E. Colbert
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5692
 Amount of Each Receipt this Period **140.00**
 Memo Item
 Payroll deduction \$20.00 biweekly

B. Kelli Collins
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5693
 Amount of Each Receipt this Period **133.00**
 Memo Item
 Payroll deduction \$19.00 biweekly

C. Rena Courtoy
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation VP, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5694
 Amount of Each Receipt this Period **175.00**
 Memo Item
 Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	448.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Carol Crump		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5696
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 140.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation VP, Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	<input type="checkbox"/> Memo Item Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial) B. Thomas Dixon		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5700
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 175.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation VP, Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	<input type="checkbox"/> Memo Item Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial) C. Goran Dragolovic		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5704
Mailing Address 2012 E. Glenoaks Blvd		Amount of Each Receipt this Period 665.00
City Glendale	State CA	Zip Code 91206
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation SVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00	<input type="checkbox"/> Memo Item Payroll deduction \$95.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	980.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ann L. Dugan		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 569 Brookwood Village Suite 901		Transaction ID : SA11AI.5705
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 175.00
Name of Employer Surgical Care Affiliates	Occupation Administrator	<input type="checkbox"/> Memo Item Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Marie Edler		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 569 Brookwood Village Suite 901		Transaction ID : SA11AI.5706
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 175.00
Name of Employer Surgical Care Affiliates	Occupation SDR	<input type="checkbox"/> Memo Item Payroll deduction \$25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Viva Elia		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 569 Brookwood Village Suite 901		Transaction ID : SA11AI.5710
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 539.00
Name of Employer Surgical Care Affiliates	Occupation Vice President	<input type="checkbox"/> Memo Item Payroll deduction \$77.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	

SUBTOTAL of Receipts This Page (optional).....▶	889.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Christian D. Ellison
 Full Name (Last, First, Middle Initial)
 Mailing Address 569 Brookwood Village
 Suite 901
 City Birmingham State AL Zip Code 35209
 Name of Employer Surgical Care Affiliates Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1495.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5712
 Amount of Each Receipt this Period 805.00
 Memo Item
 Payroll deduction \$115.00 biweekly

B. Brandon T. Frazier
 Full Name (Last, First, Middle Initial)
 Mailing Address 569 Brookwood Village
 Suite 901
 City Birmingham State AL Zip Code 35209
 Name of Employer Surgical Care Affiliates Occupation VP, Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5718
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll deduction \$25.00 biweekly

c. Margaret George
 Full Name (Last, First, Middle Initial)
 Mailing Address 569 Brookwood Village
 Suite 901
 City Birmingham State AL Zip Code 35209
 Name of Employer Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5722
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
<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)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Andrew P. Hayek
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.10

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.5730

Amount of Each Receipt this Period
1346.10

Memo Item
Payroll deduction \$192.30 biweekly

B. Huong Ho
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.5734

Amount of Each Receipt this Period
140.00

Memo Item
Payroll deduction \$20.00 biweekly

C. Christopher Klassen
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.5741

Amount of Each Receipt this Period
140.00

Memo Item
Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	1626.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
<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)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Thomas J. Lally		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5745
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 140.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation Regional Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	<input type="checkbox"/> Memo Item Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial) B. Mark Langston		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5746
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 175.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation VP, Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	<input type="checkbox"/> Memo Item Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial) C. William T. Linder		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : SA11AI.5748
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 350.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation VP, Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	<input type="checkbox"/> Memo Item Payroll deduction \$50.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	665.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
<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)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Kristine Lowther
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5753
 Amount of Each Receipt this Period **175.00**
 Memo Item
 Payroll deduction \$25.00 biweekly

B. Michael Lucey
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5755
 Amount of Each Receipt this Period **140.00**
 Memo Item
 Payroll deduction \$20.00 biweekly

C. Brian Mathis
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5757
 Amount of Each Receipt this Period **175.00**
 Memo Item
 Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	490.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Louise M Pace
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5774
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll deduction \$20.00 biweekly

B. Phillip R. Prince
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5778
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll deduction \$20.00 biweekly

C. Cory P Roberts
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation VP, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.5781
 Amount of Each Receipt this Period 269.22
 Memo Item
 Payroll deduction \$38.46 biweekly

SUBTOTAL of Receipts This Page (optional).....	549.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Andrew J. Rosen
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11AI.5782

Amount of Each Receipt this Period
175.00

Memo Item
Payroll deduction \$25.00 biweekly

B. Michael A. Rucker
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11AI.5784

Amount of Each Receipt this Period
403.83

Memo Item
Payroll deduction \$57.69 biweekly

C. Kelli Ruiz
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11AI.5785

Amount of Each Receipt this Period
175.00

Memo Item
Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 753.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Richard L. Sharff Jr.
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation EVP & Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1249.95**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5788
 Amount of Each Receipt this Period **673.05**
 Memo Item
 Payroll deduction \$96.15 biweekly

B. Jason J. Strauss
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Group Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1040.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5797
 Amount of Each Receipt this Period **560.00**
 Memo Item
 Payroll deduction \$80.00 biweekly

C. Leslie Wachsmann
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliate Occupation Vice President, Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.5802
 Amount of Each Receipt this Period **133.00**
 Memo Item
 Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	1366.05
TOTAL This Period (last page this line number only).....	10833.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

LINDA SANCHEZ

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2016

Transaction ID : **SB23.5815**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement
Contribution

011

Candidate Name

RAYMOND E. 'GENE' GREEN

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2016

Transaction ID : **SB23.5818**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCNERNEY FOR CONGRESS

Mailing Address P.O. BOX 690371

City STOCKTON State CA Zip Code 95269

Purpose of Disbursement
Contribution

011

Candidate Name

JERRY MCNERNEY

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2016

Transaction ID : **SB23.5821**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution

011

Candidate Name

RENEE JACISIN ELLMERS

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2016

Transaction ID : SB23.5827

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TONY CARDENAS FOR CONGRESS

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City LONG BEACH State CA Zip Code 90802

Purpose of Disbursement
Contribution

011

Candidate Name

TONY CARDENAS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : SB23.5824

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

7500.00

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

14000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PHIL BERGER COMMITTEE

Mailing Address P.O. BOX 1309

City EDEN State NC Zip Code 27289

Purpose of Disbursement
Non-federal disbursement; North Carolina state senate election

011
Category/
Type

Candidate Name
PHIL BERGER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2016

Transaction ID : SB29.5829

Amount of Each Disbursement this Period

5100.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

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

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

5100.00

5100.00
