

**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="2009"/>	<input type="text" value="6048.06"/>	<input type="text" value="6048.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11972.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18074.32"/>	<input type="text" value="31998.88"/>
(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="30046.94"/>	<input type="text" value="38046.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2200.00"/>	<input type="text" value="10200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27846.94"/>	<input type="text" value="27846.94"/>
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

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).....	15545.00	24847.00
(ii) Unitemized	2312.00	6924.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17857.00	31771.50
(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)	17857.00	31771.50
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.....	200.00	200.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	17.32	27.38
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))..... ▶	18074.32	31998.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18074.32	31998.88

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.....	2200.00	10200.00
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	0.00	0.00
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)) ..	2200.00	10200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2200.00	10200.00

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)	17857.00	31771.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17857.00	31771.50
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This report is being amended to reflect the change in bank name due to clerical error. There was no change to financial activity.

Form/Schedule:
Transaction ID:

**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 19
<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. Geoff J. Abbott
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 South 224 Summitt Suite 201
 City Oakbrook State IL Zip Code 60181
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 31 / 2009
Transaction ID : SA11AI.4389
 Amount of Each Receipt this Period 140.00
 Payroll deduction \$30.00 bi-weekly

B. Melanie R. Boles
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Financial Drive
 City Lexington State KY Zip Code 42701
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009
Transaction ID : SA11AI.4391
 Amount of Each Receipt this Period 260.00
 Payroll deduction \$60.00 bi-weekly

C. Deborah T. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Hammond Drive Building F, Suite 6100
 City Atlanta State GA Zip Code 30328
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 12 / 31 / 2009
Transaction ID : SA11AI.4393
 Amount of Each Receipt this Period 560.00
 Payroll deduction \$120.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶ 960.00
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 19
<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. Sandra K. Bunch
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Dauphin Street

City State Zip Code
Mobile AL 36606

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

Name of Employer Occupation
Surgical Care Affiliates Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
12 / 31 / 2009
Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
350.00

Payroll deduction \$75.00 bi-weekly

B. Vicki Burns
Full Name (Last, First, Middle Initial)

Mailing Address 4005 Dupont Circle

City State Zip Code
Louisville KY 40207

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

Name of Employer Occupation
Surgical Care Affiliates Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.00

Date of Receipt
12 / 31 / 2009
Transaction ID : SA11AI.4395

Amount of Each Receipt this Period
266.00

Payroll deduction \$57.00 bi-weekly

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

Mailing Address 3812 N. Elm Street

City State Zip Code
Greensboro NC 27455

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

Name of Employer Occupation
Surgical Care Affiliates Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
12 / 31 / 2009
Transaction ID : SA11AI.4397

Amount of Each Receipt this Period
247.00

Payroll deduction \$57.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	863.00
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 19
<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. Geoffrey Connor
Full Name (Last, First, Middle Initial)
Mailing Address 221 Laprado Place
City Birmingham State AL Zip Code 35209
FEC ID number of contributing federal political committee. **C**
Name of Employer Surgical Care Associates Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 03 / 2009**
Transaction ID : SA11AI.4379
Amount of Each Receipt this Period **500.00**
Political contribution - one time

B. Tom Deas
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 16280
City Ft. Worth State TX Zip Code 76162
FEC ID number of contributing federal political committee. **C**
Name of Employer Surgical Care Affiliates Occupation Medical Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 09 / 2009**
Transaction ID : SA11AI.4386
Amount of Each Receipt this Period **500.00**
Political contribution - one time

C. Ann L. Dugan
Full Name (Last, First, Middle Initial)
Mailing Address 1526 Atwood Avenue Suite 300
City Johnson State RI Zip Code 02919
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 **475.00**

Date of Receipt **12 / 31 / 2009**
Transaction ID : SA11AI.4399
Amount of Each Receipt this Period **350.00**
Payroll deduction \$75.00 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **1350.00**
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 19
<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. Viva Elia
Full Name (Last, First, Middle Initial)
Mailing Address 2714 W. Canyon Avenue
City San Diego State CA Zip Code 92123
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 **1463.00**

Date of Receipt **12 / 31 / 2009**
Transaction ID : SA11AI.4400
Amount of Each Receipt this Period **1078.00**
Payroll deduction \$231.00 bi-weekly

B. Karen S. Fillner
Full Name (Last, First, Middle Initial)
Mailing Address 940 N. 30th Street
City Billings State MT Zip Code 59101
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 **270.00**

Date of Receipt **12 / 31 / 2009**
Transaction ID : SA11AI.4402
Amount of Each Receipt this Period **140.00**
Payroll deduction \$30.00 bi-weekly

C. William Fitzpatrick
Full Name (Last, First, Middle Initial)
Mailing Address 4233 Abingdon Trail
City Birmingham State AL Zip Code 35243
FEC ID number of contributing federal political committee. **C**
Name of Employer Surgical Care Affiliates Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 31 / 2009**
Transaction ID : SA11AI.4377
Amount of Each Receipt this Period **500.00**
Political contribution - one time

SUBTOTAL of Receipts This Page (optional)..... **1718.00**
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 19
<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. Trent A. Gastineau
Full Name (Last, First, Middle Initial)

Mailing Address 5400 LaBranch Street

City Houston State TX Zip Code 77004

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 ▼ **270.00**

Date of Receipt **12 / 31 / 2009**

Transaction ID : SA11AI.4403

Amount of Each Receipt this Period **140.00**

Payroll deduction \$30.00 bi-weekly

B. John T Henley Sr.
Full Name (Last, First, Middle Initial)

Mailing Address 2004 Raeford Road

City Fayetteville State NC Zip Code 28305

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

Name of Employer Surgical Care Affiliates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 20 / 2009**

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period **500.00**

Political contribution - one time

C. Steve Hutkai
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Riverchase Galleria Suite 500

City Birmingham State AL Zip Code 35244

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

Name of Employer Sugical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **513.00**

Date of Receipt **12 / 31 / 2009**

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period **266.00**

Payroll deduction \$57.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	906.00
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 19
	<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

A. Karl B. Klungreseter
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 S. Beretainer Street
 Suite 700
 City Honolulu State HI Zip Code 96813
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 12 / 31 / 2009
Transaction ID : SA11AI.4408
 Amount of Each Receipt this Period 266.00
 Payroll deduction \$57.00 bi-weekly

B. James T. Kreger
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Director - Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2009
Transaction ID : SA11AI.4378
 Amount of Each Receipt this Period 300.00
 Political contribution - one time

C. Richard T. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Professional Drive
 City Auburn State CA Zip Code 95603
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2009
Transaction ID : SA11AI.4410
 Amount of Each Receipt this Period 225.00
 Payroll deduction \$75.00 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
<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. James C. Llewellyn
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Riverchase Galleria, Ste 500

City Birmingham	State AL	Zip Code 35244
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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 ▼ **847.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2009

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period

847.00

Payroll deduction \$231.00 bi-weekly

B. Brian Mathis
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Riverchase Galleria Suite 500

City Birmingham	State AL	Zip Code 35244
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FEC ID number of contributing federal political committee. **C**

Name of Employer Surgical Care Affiliates	Occupation VP Strategy
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2009

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period

350.00

Payroll deduction \$75.00 bi-weekly

C. Karen Payne
Full Name (Last, First, Middle Initial)

Mailing Address 545 Pocahontas Drive

City Ft. Walton Beach	State FL	Zip Code 32547
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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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2009

Transaction ID : SA11AI.4376

Amount of Each Receipt this Period

500.00

Political contribution - one time

SUBTOTAL of Receipts This Page (optional).....▶	1697.00
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 19
	<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

A. Diane A. Phelps
Full Name (Last, First, Middle Initial)

Mailing Address 614 E. Chestnut Street

City Louisville State KY Zip Code 40202

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 ▼ **360.00**

Date of Receipt **12 / 31 / 2009**

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period **280.00**

Payroll deduction \$60.00 bi-weekly

B. Steven Quam
Full Name (Last, First, Middle Initial)

Mailing Address 8800 Sunflower Circle

City Urbandale State IA Zip Code 50322

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

Name of Employer Surgical Care Affiliates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 21 / 2009**

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period **500.00**

Political contribution - one time

C. Holly C. Ramey
Full Name (Last, First, Middle Initial)

Mailing Address 1400 McFarland Blvd., N.

City Tuscaloosa State AL Zip Code 35406

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

Name of Employer Surgical Care Affiliates Occupation Region VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **12 / 31 / 2009**

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period **700.00**

Payroll deduction \$150.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	1480.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
	<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

A. Clay Ransdell
Full Name (Last, First, Middle Initial)

Mailing Address 4653 Timberline Drive

City West Des Moines State IA Zip Code 50265

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

Name of Employer Surgical Care Affiliates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2009

Transaction ID : SA11AI.4381

Amount of Each Receipt this Period
 500.00

Political contribution - one time

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

Mailing Address 4800 Hampton Lane

City Bethesda State MD Zip Code 20814

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 ▼ 2145.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2009

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period
 2145.00

Payroll deduction \$585.00 bi-weekly

C. Gwenyth L. Schmitz
Full Name (Last, First, Middle Initial)

Mailing Address 20998 Redwood Road

City Castro Valley State CA Zip Code 04546

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 ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2009

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
 210.00

Payroll deduction \$45.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	2855.00
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 19
<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. Jessie Scott
Full Name (Last, First, Middle Initial)

Mailing Address 778 2nd Avenue

City San Francisco State CA Zip Code 94118

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 ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2009

Transaction ID : SA11AI.4424

Amount of Each Receipt this Period
300.00

Payroll deduction \$25.00 bi-weekly

B. Richard L. Sharff Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Riverchase Galleria Suite 500

City Birmingham State AL Zip Code 35244

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

Name of Employer Surgical Care Affiliates Occupation EVP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2009

Transaction ID : SA11AI.4425

Amount of Each Receipt this Period
1750.00

Payroll deduction \$375.00 bi-weekly

C. Derald W. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 5328 Didesse Drive

City Baton Rouge State LA Zip Code 70808

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 ▼ **212.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2009

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
175.00

Payroll deduction \$37.50 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **2225.00**

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 17 OF 19
<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Francis G. Socash

Mailing Address 2259 Foxboro Lane

City Napierville State IL Zip Code 60564

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 ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2009

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period
 700.00

Payroll deduction \$150.00 bi-weekly

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	15545.00

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

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

FOR LINE NUMBER: PAGE 18 OF 19
(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

A. KENDRICK MEEK FOR FLORIDA
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 NW 183RD STREET SUITE 325
 City MIAMI State FL Zip Code 33169
 FEC ID number of contributing federal political committee. **C** C00458646
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2009
Transaction ID : SA16.4439
 Amount of Each Receipt this Period
 200.00
 Partial refund of 5/28/09 contribution

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	200.00

**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 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. GRIFFITH FOR CONGRESS

Mailing Address Post Office Box 2916

City Huntsville State AL Zip Code 35804

Purpose of Disbursement
Political contribution

Candidate Name

PARKER DR. GRIFFITH

Office Sought: House
 Senate
 President
State: AL District: 05

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2009

Transaction ID : SB23.4435

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City MIAMI State FL Zip Code 33169

Purpose of Disbursement
Political contribution

Candidate Name

KENDRICK B. MEEK

Office Sought: House
 Senate
 President
State: FL District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2009

Transaction ID : SB23.4436

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 5900 South Western Avenue

City Sioux Falls State IA Zip Code 57108

Purpose of Disbursement
PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2009

Transaction ID : SB23.4434

Amount of Each Disbursement this Period

1000.00

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

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

2200.00

2200.00