



**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="2012"/>		18404.92
(b) Cash on Hand at Beginning of Reporting Period.....	10681.65	
(c) Total Receipts (from Line 19) .....	5894.76	19259.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16576.41	37664.38
7. Total Disbursements (from Line 31).....	2500.00	23587.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14076.41	14076.41
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**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).....	4978.00	12921.00
(ii) Unitemized .....	915.00	6238.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5893.00	19159.50
(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) .....	5893.00	19159.50
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.76	99.96
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))..... ▶	5894.76	19259.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5894.76	19259.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	87.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	87.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	23500.00
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)) ..	2500.00	23587.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	23587.97

**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) .....	5893.00	19159.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5893.00	19159.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	87.97
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	87.97

**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 14
<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. Jeffrey Aiken**  
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 Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : SA11AI.5249**

Amount of Each Receipt this Period  

120.00
--------

Payroll deduction - \$20 bi-weekly

**B. Melanie R. Boles**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Financial Drive

City Lexington	State KY	Zip Code 42701
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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 ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : SA11AI.5251**

Amount of Each Receipt this Period  

120.00
--------

Payroll deduction - \$20 bi-weekly

**C. Richard T. Brisson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2690 Lake Park Drive

City North Charleston	State SC	Zip Code 29406
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FEC ID number of contributing federal political committee. **C**

Name of Employer Surgical Care Affiliates	Occupation Director of Nursing
--	-----------------------------------

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
09	/	30	/	2012

**Transaction ID : SA11AI.5252**

Amount of Each Receipt this Period  

90.00
-------

Payroll deduction - \$15 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>330.00</b>
<b>TOTAL</b> 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 7 OF 14  
(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 (Last, First, Middle Initial)  
**A. Sandra K. Bunch**

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : SA11AI.5253**

Amount of Each Receipt this Period  
150.00

Payroll deduction - \$25 bi-weekly

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

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 ▼  
361.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : SA11AI.5254**

Amount of Each Receipt this Period  
114.00

Payroll deduction - \$19 bi-weekly

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

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 ▼  
361.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : SA11AI.5256**

Amount of Each Receipt this Period  
114.00

Payroll deduction - \$19 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 378.00

**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 14
<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. Jenifer A Kimbrough**  
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 ▼ **570.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : SA11AI.5267**

Amount of Each Receipt this Period  

180.00
--------

Payroll deduction - \$30 bi-weekly

**B. Joy Kurosaka**  
Full Name (Last, First, Middle Initial)

Mailing Address 10950 Evening Creek Drive E, #135

City San Diego	State CA	Zip Code 92128
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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 ▼ **361.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : SA11AI.5269**

Amount of Each Receipt this Period  

114.00
--------

Payroll deduction - \$19 bi-weekly

**C. Kristine Lowther**  
Full Name (Last, First, Middle Initial)

Mailing Address 2040 Harvest Drive

City Mechanicsburg	State PA	Zip Code 17055
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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 ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : SA11AI.5272**

Amount of Each Receipt this Period  

150.00
--------

Payroll deduction - \$25 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>444.00</b>
<b>TOTAL</b> 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 14
	<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. Jeffrey Lozier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17787 Del Paso Drive  
 City Poway State CA Zip Code 92064  
 Name of Employer Surgical Care Affiliates Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : SA11AI.5418**  
 Amount of Each Receipt this Period 100.00  
 Distribution deduction - \$100 quarterly

**B. Brian Mathis**  
 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 VP Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : SA11AI.5273**  
 Amount of Each Receipt this Period 150.00  
 Payroll deduction - \$25 bi-weekly

**C. Bryan Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Greystone Parc Circle  
 City Birmingham State AL Zip Code 35242  
 Name of Employer Surgical Care Affiliates Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : SA11AI.5274**  
 Amount of Each Receipt this Period 150.00  
 Payroll deduction - \$25 bi-weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 400.00  
**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 14
	<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. 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 ▼ 2565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11AI.5277**

Amount of Each Receipt this Period 810.00

Payroll deduction - \$135 bi-weekly

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

Mailing Address 13822 Laurinda Way

City Santa Ana State CA Zip Code 92705

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 ▼ 361.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11AI.5278**

Amount of Each Receipt this Period 114.00

Payroll deduction - \$19 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11AI.5279**

Amount of Each Receipt this Period 90.00

Payroll deduction - \$15 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1014.00
<b>TOTAL</b> 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 14
	<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. Richard L. Sharff Jr.**  
 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 EVP & General Counsel  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 09 / 30 / 2012  
**Transaction ID : SA11AI.5280**  
 Amount of Each Receipt this Period 750.00  
 Payroll deduction - \$125 bi-weekly  
 Aggregate Year-to-Date 2375.00

**B. Francis G. Socash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2259 Foxboro Lane  
 City Napierville State IL Zip Code 60564  
 Name of Employer Surgical Care Affiliates Occupation VP - Operations  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 09 / 30 / 2012  
**Transaction ID : SA11AI.5282**  
 Amount of Each Receipt this Period 300.00  
 Payroll deduction - \$50 bi-weekly  
 Aggregate Year-to-Date 950.00

**C. Susan Sorg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 N Madison Street  
 City Joliet State IL Zip Code 60435  
 Name of Employer Surgical Care Affiliates Occupation Administrator  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 09 / 30 / 2012  
**Transaction ID : SA11AI.5283**  
 Amount of Each Receipt this Period 90.00  
 Payroll deduction - \$15 bi-weekly  
 Aggregate Year-to-Date 285.00

**SUBTOTAL** of Receipts This Page (optional)..... 1140.00  
**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 13 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 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. Jeanette Stack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1526 Northway Drive  
City St. Cloud State MN Zip Code 56303  
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 **09 / 30 / 2012**  
**Transaction ID : SA11AI.5284**  
Amount of Each Receipt this Period **90.00**  
Payroll deduction - \$15 bi-weekly

**B. Carla F. Stephanie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1526 Northway Drive  
City St. Cloud State MN Zip Code 56303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Surgical Care Affiliates Occupation Director of Nursing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : SA11AI.5285**  
Amount of Each Receipt this Period **90.00**  
Payroll deduction - \$15 bi-weekly

**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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4978.00</b>

# 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. FRIENDS OF MARY LANDRIEU INC

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Political contribution - fundraiser

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2012

Transaction ID : SB23.5287

Amount of Each Disbursement this Period

2500.00
---------

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00
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2500.00
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