



**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.....	14076.41	
(c) Total Receipts (from Line 19) .....	938.00	20197.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15014.41	38602.38
7. Total Disbursements (from Line 31).....	0.00	23587.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15014.41	15014.41
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: 10 / 01 / 2012 To: 10 / 17 / 2012

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).....	813.00	13734.00
(ii) Unitemized .....	125.00	6363.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	938.00	20097.50
(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) .....	938.00	20097.50
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.).....	0.00	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))..... ▶	938.00	20197.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	938.00	20197.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	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.....	0.00	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)) ..	0.00	23587.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	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) .....	938.00	20097.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	938.00	20097.50
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:	PAGE 6 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Jeffrey Aiken**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Riverchase Galleria, Ste 500

City	State	Zip Code
Birmingham	AL	35244

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

Name of Employer	Occupation
Surgical Care Affiliates	Director

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
10		05		2012

**Transaction ID : SA11AI.5290**

Amount of Each Receipt this Period  

20.00
-------

 payroll deduction

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

Mailing Address 108 Financial Drive

City	State	Zip Code
Lexington	KY	42701

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2012

**Transaction ID : SA11AI.5293**

Amount of Each Receipt this Period  

20.00
-------

 payroll deduction

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

Mailing Address 2690 Lake Park Drive

City	State	Zip Code
North Charleston	SC	29406

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

Name of Employer	Occupation
Surgical Care Affiliates	Director of Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2012

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<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: PAGE 7 OF 13  
(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. 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : SA11AI.5296**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction

**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 ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : SA11AI.5297**  
 Amount of Each Receipt this Period  
 19.00  
 payroll deduction

**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 ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : SA11AI.5301**  
 Amount of Each Receipt this Period  
 19.00  
 payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 63.00  
**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 13
<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. Brian Mathis**  
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 VP Strategy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 05 / 2012  
**Transaction ID : SA11AI.5318**

Amount of Each Receipt this Period  
25.00  
payroll deduction

**B. Bryan Olson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Greystone Parc Circle

City Birmingham State AL Zip Code 35242

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 ▼ 500.00

Date of Receipt  
10 / 05 / 2012  
**Transaction ID : SA11AI.5319**

Amount of Each Receipt this Period  
25.00  
payroll deduction

**C. 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 ▼ 2700.00

Date of Receipt  
10 / 05 / 2012  
**Transaction ID : SA11AI.5322**

Amount of Each Receipt this Period  
135.00  
payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00

**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 13
	<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. 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 ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012

**Transaction ID : SA11AI.5323**

Amount of Each Receipt this Period  
**19.00**

payroll deduction

**B. Gwentyth 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  
 10 / 05 / 2012

**Transaction ID : SA11AI.5324**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction - \$15 bi-weekly

**C. 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 ▼ **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012

**Transaction ID : SA11AI.5325**

Amount of Each Receipt this Period  
**125.00**

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>159.00</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 12 OF 13
<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. 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) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2012  
**Transaction ID : SA11AI.5326**  
 Amount of Each Receipt this Period 50.00  
 payroll deduction

**B. 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) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2012  
**Transaction ID : SA11AI.5327**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction

**C. Jeanette Stack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1526 Northway Drive  
 City St. Cloud State MN Zip Code 56303  
 Name of Employer Surgical Care Affiliates Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2012  
**Transaction ID : SA11AI.5328**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**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 13
	<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.** Full Name (Last, First, Middle Initial)  
**Carla F. Stephanie**

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 ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 05 / 2012**

**Transaction ID : SA11AI.5329**

Amount of Each Receipt this Period  
**15.00**

payroll deduction

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>15.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>813.00</b>