



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:   /   To:   /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="YYYY"/> <input type="text" value="2012"/>            |                         | 18404.92                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 15014.41                |                                   |
| (c) Total Receipts (from Line 19) .....  | 2814.88                 | 23012.34                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 17829.29                | 41417.26                          |
| 7. Total Disbursements (from Line 31).....   | 0.00                    | 23587.97                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 17829.29                | 17829.29                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 2799.00                       | 16533.00                          |
| (ii) Unitemized .....   | 15.00                         | 6378.50                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 2814.00                       | 22911.50                          |
| (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) .....  | 2814.00                       | 22911.50                          |
| 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.).....   | 0.88                          | 100.84                            |
| 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))..... ▶                        | 2814.88                       | 23012.34                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 2814.88                       | 23012.34                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 2814.00                       | 22911.50                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 2814.00                       | 22911.50                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 87.97                             |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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 17  |
| <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<br>Birmingham | State<br>AL | Zip Code<br>35244 |
|--------------------|-------------|-------------------|

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

|  |                        |
|--|------------------------|
| Name of Employer<br>Surgical Care Affiliates | Occupation<br>Director |
|--|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 16    | / | 2012        |

**Transaction ID : SA11AI.5331**

Amount of Each Receipt this Period  

|       |
|-------|
| 60.00 |
|-------|

 \$20 bi-weekly payroll deduction

**B. Robyn F. Archer**  
Full Name (Last, First, Middle Initial)

Mailing Address 617 E. 39th South

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Salt Lake City | State<br>UT | Zip Code<br>84107 |
|------------------------|-------------|-------------------|

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

|  |                             |
|--|-----------------------------|
| Name of Employer<br>Surgical Care Affiliates | Occupation<br>Administrator |
|--|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 16    | / | 2012        |

**Transaction ID : SA11AI.5332**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

 \$10 bi-weekly payroll deduction

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

Mailing Address 108 Financial Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Lexington | State<br>KY | Zip Code<br>42701 |
|-------------------|-------------|-------------------|

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

|  |                             |
|--|-----------------------------|
| Name of Employer<br>Surgical Care Affiliates | Occupation<br>Administrator |
|--|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 16    | / | 2012        |

**Transaction ID : SA11AI.5333**

Amount of Each Receipt this Period  

|       |
|-------|
| 60.00 |
|-------|

 \$20 bi-weekly payroll deduction

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.00 |
| <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 7 OF 17  |
| <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. Richard T. Brisson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2690 Lake Park Drive

City North Charleston State SC Zip Code 29406

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 ▼ **345.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.5334**

Amount of Each Receipt this Period **45.00**

\$15 bi-weekly payroll deduction

**B. Sandra K. Bunch**  
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Dauphin Street

City Mobile State AL Zip Code 36606

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 ▼ **575.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.5335**

Amount of Each Receipt this Period **75.00**

\$25 bi-weekly payroll deduction

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

Mailing Address 4005 Dupont Circle

City Louisville State KY Zip Code 40207

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 ▼ **437.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.5336**

Amount of Each Receipt this Period **57.00**

\$19 bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **177.00**

**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 17                 |
|   | <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. Joseph E. Colbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 3903 Waring Road

City Oceanside State CA Zip Code 92056

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 ▼ **230.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.5337**

Amount of Each Receipt this Period **30.00**

\$10 bi-weekly payroll deduction

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

Mailing Address 3812 N. Elm Street

City Greensboro State NC Zip Code 27455

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 ▼ **437.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.5338**

Amount of Each Receipt this Period **57.00**

\$19 bi-weekly payroll deduction

**C. Stephanie Cox**  
Full Name (Last, First, Middle Initial)

Mailing Address 8465 Regents Road, # 318

City San Diego State CA Zip Code 92122

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 ▼ **230.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.5339**

Amount of Each Receipt this Period **30.00**

\$10 bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **117.00**

**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 17  |
| <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. Elizabeth A. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2056 Aloma Avenue  
 Suite 200  
 City Winter Park State FL Zip Code 32792  
 Name of Employer Surgical Care Affiliates Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.5340**  
 Amount of Each Receipt this Period 30.00  
 \$10 bi-weekly payroll deduction

**B. Ann L. Dugan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1526 Atwood Avenue  
 Suite 300  
 City Johnson State RI Zip Code 02919  
 Name of Employer Surgical Care Affiliates Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.5341**  
 Amount of Each Receipt this Period 75.00  
 \$25 bi-weekly payroll deduction

**C. Viva Elia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2714 W. Canyon Avenue  
 City San Diego State CA Zip Code 92123  
 Name of Employer Surgical Care Affiliates Occupation VP - Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1771.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.5342**  
 Amount of Each Receipt this Period 231.00  
 \$77 bi-weekly payroll deduction

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 336.00 |
| <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 10 OF 17               |
| <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. Karen S. Fillner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 940 N. 30th Street  
 City State Zip Code  
 Billings MT 59101  
 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 ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.5365**  
 Amount of Each Receipt this Period  
 30.00  
 \$10 bi-weekly payroll deduction

**B. Paula Fink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2329 Harvest Vista Lane  
 City State Zip Code  
 Tallbrook CA 92028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Surgical Care Affiliates BOM  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.5343**  
 Amount of Each Receipt this Period  
 30.00  
 \$10 bi-weekly payroll deduction

**c. Diana M. Geoghegan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 N. 64th Street  
 City State Zip Code  
 Belleville IL 62223  
 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 ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.5344**  
 Amount of Each Receipt this Period  
 30.00  
 \$10 bi-weekly payroll deduction

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <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 11 OF 17   |
| <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. Jenny M. Hunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 W. Magnolia Avenue  
 Suite 101  
 City Ft, Worth State TX Zip Code 76104  
 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 **230.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.5345**  
 Amount of Each Receipt this Period **300.00**  
 \$10 bi-weekly payroll deduction

**B. Roberto Jardeleza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2444 Central Park Avenue  
 City Evanston State IL Zip Code 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Surgical Care Affiliates Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1840.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.5346**  
 Amount of Each Receipt this Period **240.00**  
 \$80 bi-weekly payroll deduction

**C. Jenifer A Kimbrough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 Riverchase Galleria, Ste 500  
 City Birmingham State AL Zip Code 35244  
 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 **690.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.5347**  
 Amount of Each Receipt this Period **90.00**  
 \$30 bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **360.00**  
**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 17 |
|   | <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 Konieczny**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Bessemer Road

City State Zip Code  
Mt. Pleasant PA 15666

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 ▼  
230.00

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
30.00  
\$10 bi-weekly payroll deduction

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

Mailing Address 10950 Evening Creek Drive E, #135

City State Zip Code  
San Diego CA 92128

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 ▼  
437.00

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.5349**

Amount of Each Receipt this Period  
57.00  
\$19 bi-weekly payroll deduction

**C. Debbie L. Loeffler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4545 Emerson Expressway

City State Zip Code  
Jacksonville FL 32207

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 ▼  
230.00

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.5351**

Amount of Each Receipt this Period  
30.00  
\$10 bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 117.00

**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 17   |
| <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 2040 Harvest Drive  
 City Mechanicsburg State PA Zip Code 17055  
 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 ▼ **575.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.5352**  
 Amount of Each Receipt this Period **75.00**  
 \$25 bi-weekly payroll deduction

**B. 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 ▼ **575.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.5353**  
 Amount of Each Receipt this Period **75.00**  
 \$25 bi-weekly payroll deduction

**C. 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 ▼ **575.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.5354**  
 Amount of Each Receipt this Period **75.00**  
 \$25 bi-weekly payroll deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>225.00</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 14 OF 17                |
|   | <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. Peggy L. Rhoads**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 W. Rosedale Street

City Ft. Worth State TX Zip Code 76104

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 ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012

**Transaction ID : SA11AI.5355**

Amount of Each Receipt this Period  
**30.00**

\$10 bi-weekly payroll deduction

**B. Joanne Roche**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Retreat Avenue Suite 100

City Hartford State CT Zip Code 06106

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 ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012

**Transaction ID : SA11AI.5356**

Amount of Each Receipt this Period  
**30.00**

\$10 bi-weekly 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 ▼ **3105.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012

**Transaction ID : SA11AI.5357**

Amount of Each Receipt this Period  
**405.00**

\$135 bi-weekly payroll deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>465.00</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 15 OF 17   |
| <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)<br><b>A. Kelli Ruiz</b> |                             | Date of Receipt<br>MM / DD / YYYY<br>11 / 16 / 2012<br><b>Transaction ID : SA11AI.5358</b>                                      |
| Mailing Address 13822 Laurinda Way                              |                             | Amount of Each Receipt this Period<br>477.00<br>\$19 bi-weekly payroll deduction  |
| City Santa Ana  | State CA                    | Zip Code 92705  |
| FEC ID number of contributing federal political committee. C    |                             | Aggregate Year-to-Date 437.00   |
| Name of Employer<br>Surgical Care Affiliates                    | Occupation<br>Administrator | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                             |   |
|--|-----------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Gwennyth L. Schmitz</b> |                             | Date of Receipt<br>MM / DD / YYYY<br>11 / 16 / 2012<br><b>Transaction ID : SA11AI.5359</b>                                      |
| Mailing Address 20998 Redwood Road                                       |                             | Amount of Each Receipt this Period<br>45.00<br>\$15 bi-weekly payroll deduction   |
| City Castro Valley   | State CA                    | Zip Code 04546  |
| FEC ID number of contributing federal political committee. C             |                             | Aggregate Year-to-Date 330.00   |
| Name of Employer<br>Surgical Care Affiliates                             | Occupation<br>Administrator | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Richard L. Sharff Jr.</b> |                                     | Date of Receipt<br>MM / DD / YYYY<br>11 / 16 / 2012<br><b>Transaction ID : SA11AI.5360</b>                                      |
| Mailing Address 3000 Riverchase Galleria<br>Suite 500                      |                                     | Amount of Each Receipt this Period<br>375.00<br>\$125 bi-weekly payroll deduction   |
| City Birmingham  | State AL                            | Zip Code 35244  |
| FEC ID number of contributing federal political committee. C               |                                     | Aggregate Year-to-Date 2875.00  |
| Name of Employer<br>Surgical Care Affiliates                               | Occupation<br>EVP & General Counsel | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 477.00 |
| <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 16 OF 17   |
| <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)<br><b>A. Francis G. Socash</b>  |  | Date of Receipt<br>11 / 16 / 2012<br><b>Transaction ID : SA11AI.5361</b>         |
| Mailing Address 2259 Foxboro Lane   |  | Amount of Each Receipt this Period<br>150.00<br>\$50 bi-weekly payroll deduction |
| City Napierville  | State IL                                     | Zip Code 60564   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Surgical Care Affiliates | Occupation<br>VP - Operations  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1150.00          |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Susan Sorg</b>   |  | Date of Receipt<br>11 / 16 / 2012<br><b>Transaction ID : SA11AI.5362</b>        |
| Mailing Address 330 N Madison Street  |  | Amount of Each Receipt this Period<br>45.00<br>\$15 bi-weekly payroll deduction |
| City Joliet   | State IL                                     | Zip Code 60435  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Surgical Care Affiliates | Occupation<br>Administrator   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>345.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Jeanette Stack</b>   |  | Date of Receipt<br>11 / 16 / 2012<br><b>Transaction ID : SA11AI.5363</b>        |
| Mailing Address 1526 Northway Drive   |  | Amount of Each Receipt this Period<br>45.00<br>\$15 bi-weekly payroll deduction |
| City St. Cloud  | State MN                                     | Zip Code 56303  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Surgical Care Affiliates | Occupation<br>Administrator   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>345.00           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 240.00 |
| <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 17 OF 17  
(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.** 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 ▼ **345.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2012**

**Transaction ID : SA11AI.5364**

Amount of Each Receipt this Period  
**45.00**

\$15 bi-weekly 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>45.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>2799.00</b> |