

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3000 RIVERCHASE GALLERIA SUITE 500 BIRMINGHAM AL 35244 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00440743 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Richard L. Sharff, Jr.

Signature of Treasurer Electronically Filed by Richard L. Sharff, Jr. Date 04 15 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		27846.94
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	27846.94									
(c) Total Receipts (from Line 19) .....	6111.35	6111.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33958.29	33958.29								
7. Total Disbursements (from Line 31) .....	10000.00	10000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23958.29	23958.29								
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

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	3444.00	3444.00
(ii) Unitemized .....	2654.00	2654.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6098.00	6098.00
(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) .....	6098.00	6098.00
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.) .....	13.35	13.35
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 Transfer (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)) .....	6111.35	6111.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6111.35	6111.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	6098.00	6098.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6098.00	6098.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11

(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)  
Viva Elia

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 ▼ 462.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.4476

Amount of Each Receipt this Period 462.00

Payroll Deduction \$77 bi-weekly

**B.**

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

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 ▼ 462.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.4487

Amount of Each Receipt this Period 462.00

Payroll Deduction \$77 bi-weekly

**C.**

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

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 ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.4493

Amount of Each Receipt this Period 300.00

Payroll Deduction \$50 bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... 1224.00

**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 7 / 11  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael A. Rucker</p> <p>Mailing Address 4800 Hampton Lane</p> <p>City State Zip Code <b>Bethesda MD 20814</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Surgical Care Affiliates      Occupation: Executive Vice President</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1170.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2010</span></p> <p><b>Transaction ID: SA11AI.4497</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1170.00</span></p> <p>Payroll Deduction \$195 bi-weekly</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard L. Sharff, Jr.</p> <p>Mailing Address 3000 Riverchase Galleria Suite 500</p> <p>City State Zip Code <b>Birmingham AL 35244</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Surgical Care Affiliates      Occupation: EVP &amp; General Counsel</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2010</span></p> <p><b>Transaction ID: SA11AI.4499</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">750.00</span></p> <p>Payroll deduction \$125 bi-weekly</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Francis G. Socash</p> <p>Mailing Address 2259 Foxboro Lane</p> <p>City State Zip Code <b>Naperville IL 60564</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Surgical Care Affiliates      Occupation: VP - Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2010</span></p> <p><b>Transaction ID: SA11AI.4501</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>Payroll Deduction \$50 bi-weekly</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2220.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">3444.00</span>

**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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A.

Full Name (Last, First, Middle Initial)  
Blackstone Valley Surgicare

Mailing Address 1526 Atwood Avenue  
Suite 300

City State Zip Code  
Johnston RI 02919

Purpose of Disbursement  
In-kind (room rental fee): See Schedule B, Line 23

Candidate Name  
BILL LYNCH FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: RI District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Transaction ID: SB21B.4517  
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

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

0.00

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

0.00

**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

A.

Full Name (Last, First, Middle Initial)  
BILL LYNCH FOR CONGRESS

Mailing Address 247 Roosevelt Ave

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement  
Political contribution

Candidate Name  
WILLIAM J LYNCH

Office Sought:  House  
 Senate  
 President

State: RI District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4468

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
Blackstone Valley Surgicare

Mailing Address 1526 Atwood Avenue  
Suite 300

City Johnston State RI Zip Code 02919

Purpose of Disbursement  
In-kind (room rental fee)

Candidate Name  
BILL LYNCH FOR CONGRESS

Office Sought:  House  
 Senate  
 President

State: RI District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4520

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

500.00

003  
Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
Committee for the Preservation of Capitalism

Mailing Address PO Box 65314

City Washington State DC Zip Code 20035

Purpose of Disbursement  
Political contribution

Candidate Name  
CHARLES DR. JR. BOUSTANY

Office Sought:  House  
 Senate  
 President

State: LA District: 07

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4465

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism</p> <p>Mailing Address PO Box 65314</p> <p>City Washington State DC Zip Code 20035</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name CHARLES DR. JR. BOUSTANY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4466</p> <p>Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HAGAN FOR US SENATE INC</p> <p>Mailing Address 426 C STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name KAY R HAGAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4469</p> <p>Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LISA MURKOWSKI FOR US SENATE</p> <p>Mailing Address 74-925 Hummingbird Lane</p> <p>City Indian Wells State CA Zip Code 92210</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name LISA MURKOWSKI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4464</p> <p>Date of Disbursement 02 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

<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

A.

Full Name (Last, First, Middle Initial)  
WYDEN FOR SENATE

Transaction ID: SB23.4467  
Date of Disbursement

Mailing Address 122 C STREET NW  
SUITE 505

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	0

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Political contribution

011
Category/ Type

Candidate Name  
RONALD LEE WYDEN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District: 00

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

5000.00
---------

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

10000.00
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