FEC FORM 1	STATEMEN ORGANIZ	_	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Surgery Partner	s, Inc. Political Ac		
ADDRESS (number and street)	40 Burton Hills Boulevard		
(Check if address is changed)	Suite 500		
is changed)	Nashville └───────────────────────────────────		TN 37215 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDF	RESS		
(Check if address is changed)	dbell@surgerypartners	.com	
ie changed)	Optional Second E-Mail Add	dress Dartners.com	
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		
2. DATE 07	09 [/] Y Y Y Y 2015		
3. FEC IDENTIFICATION	NUMBER ► C co	00520833	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined	this Statement and to the best	of my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasu	rer Mr. Derek Edward Bell		
Signature of Treasurer	Derek Edward Bell	[Electronically Filed]	Date 07 / 13 / 2015
NOTE: Submission of false, erro		may subject the person signing th ON SHOULD BE REPORTED WI	is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information cor Federal Election Commissior Toll Free 800-424-9530 Local 202-694-1100	

Image# 201507139000092158

07/13/2015 13 : 24

FE	EC For	m 1 (Revised 02/2009)	Page 2
TYPE	OF C	DMMITTEE	
Cand	lidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate
Name Candic			
Candic Party	date Affiliatio	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candic			
Party	/ Com	mittee:	
(d)			emocratic, publican, etc.) Party
Politi	ical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Surgery Partners, Inc. Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

S	Surgery Partners, Inc.																				
	Mailing Address	40 Burton Hills Blvd																			
	-	Suite 500																			
		Nashville									Т	N		37	215	ļ]-[
			CIT	Ϋ́							SI	ATE				Z	IP C	COD	E		
	Relationship: X Connected	d Organization	iliated (Comm	nittee	9	Join	t Fun	ıdra	ising	Rep	resen	itativ	ve	L	ead	lersh	ıip P	AC	Spor	nsor
7.	Custodian of Records: Ider books and records.	Itify by name, addres	s (phor	ne nui	mbe	r o	ption	al) ar	nd p	oositi	on o	f the	per	son	in p	055	essi	on o	f co	mmi	ttee
		Edward Bell																			. 1
	Full Name	40 Burton Hills Blvd.																			
	NA 111 A 1 1	40 BUILON HIIIS BIVU.																			. 1

Mailing Address						
	Suite 400					
	Nashville				37215	
Title or Position	CIT	Υ		STATE	ZIF	P CODE
Treasurer			Telephone nu	umber	15 - 234	4 5911

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Mr. Derek Edward Bell	
Mailing Address	40 Burton Hills Blvd.	
	Suite 400	
	Nashville	
	CITY STATE ZIP CODE	
Title or Position Treasurer	Telephone number	

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Full Name of Designated Agent	
Mailing Address	40 Burton Hills Boulevard
	Suite 500
	Nashville TN 37215
	CITY STATE ZIP CODE
Title or Position	rer Telephone number 615 234 7916

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank c	of America		
Mailing Address	4011 Hillsboro Road		
	Nashville	TN 372	15
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC	Form	1G	(Revised	06/2011)	

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Banks or Other Depositori	ies: List all banks or other depositories in which the co	mmittee deposits funds, h	olds accounts, rents
safety deposit boxes or main			
Name of Bank, Depository,	etc.		[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	Drganization, Affiliated Committee, Joint Fundraising F	Representative, or Lead	ership PAC Sponsor
Mailing Address	333 W WACKER DRIVE SUITE 1010		
			⁶⁰⁶⁰⁶
	CITY	STATE	ZIP CODE 📥
tionship: Connected Organization	X Affiliated Committee Joint Fundraising F	Representative Lea	dership PAC Sponsor
Connected Organization	X Affiliated Committee Joint Fundraising F	Representative Lea	dership PAC Sponsor
	Affiliated Committee Joint Fundraising F	Representative Lea	
Connected Organization Designated Agent Full Name	Affiliated Committee Joint Fundraising F	Representative Lea	
Connected Organization Designated Agent	Affiliated Committee Joint Fundraising F	Representative Lea	
Connected Organization Designated Agent Full Name	Affiliated Committee Joint Fundraising F	Representative Lea	
Connected Organization Designated Agent Full Name	Affiliated Committee Dijoint Fundraising F	Representative Lea	
Connected Organization Designated Agent Full Name Mailing Address			[ADDITIONAL]
Connected Organization Designated Agent Full Name Mailing Address			[ADDITIONAL]