

**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"/> | <input type="text" value="18204.92"/> | <input type="text" value="18204.92"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="9096.15"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="5715.50"/> | <input type="text" value="17694.70"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="14811.65"/> | <input type="text" value="35899.62"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="2500.00"/> | <input type="text" value="23587.97"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="12311.65"/> | <input type="text" value="12311.65"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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)..... | 4878.00 | 12058.00 |
| (ii) Unitemized | 837.50 | 5538.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 5715.50 | 17596.50 |
| (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) | 5715.50 | 17596.50 |
| 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 | 98.20 |
| 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))..... ▶ | 5715.50 | 17694.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 5715.50 | 17694.70 |

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..... | 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) | 5715.50 | 17596.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5715.50 | 17596.50 |
| 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 |
|--------------------|-------------|-------------------|

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 ▼ **360.00**

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 |
|-------------------|-------------|-------------------|

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 ▼ **360.00**

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 |
|--------------------------|-------------|-------------------|

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 ▼ **270.00**

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 330.00 |
| 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 7 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. 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 ▼
450.00

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

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 ▼
342.00

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

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 ▼
342.00

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 8 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. Ann L. Dugan
Full Name (Last, First, Middle Initial)

Mailing Address 1526 Atwood Avenue
Suite 300

City Johnson State RI Zip Code 02919

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 ▼
450.00

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.5259

Amount of Each Receipt this Period
150.00

Payroll deduction - \$25 bi-weekly

B. Viva Elia
Full Name (Last, First, Middle Initial)

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 ▼
1386.00

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.5260

Amount of Each Receipt this Period
462.00

Payroll deduction - \$77 b-weekly

C. 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 ▼
1440.00

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.5266

Amount of Each Receipt this Period
480.00

Payroll deduction - \$80 bi-weekly

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1092.00 |
| 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"/> 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. Jenifer A Kimbrough
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 | Vice President |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

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 | 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 ▼ **342.00**

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 | State | Zip Code |
| Mechanicsburg | PA | 17055 |

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

| | |
|--------------------------|-----------------|
| Name of Employer | Occupation |
| Surgical Care Affiliates | VP - Operations |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 444.00 |
| 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 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. 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 ▼ 450.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.5273

Amount of Each Receipt this Period 150.00

Payroll deduction - \$25 bi-weekly

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 ▼ 450.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.5274

Amount of Each Receipt this Period 150.00

Payroll deduction - \$25 bi-weekly

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 ▼ 2430.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.5277

Amount of Each Receipt this Period 810.00

Payroll deduction - \$135 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1110.00

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Kelli Ruiz | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012 |
| Mailing Address 13822 Laurinda Way | | Transaction ID : SA11AI.5278 |
| City Santa Ana | State CA | Zip Code 92705 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 114.00 | |
| Name of Employer Surgical Care Affiliates | Occupation Administrator | Payroll deduction - \$19 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 342.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Gwennyth L. Schmitz | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012 |
| Mailing Address 20998 Redwood Road | | Transaction ID : SA11AI.5279 |
| City Castro Valley | State CA | Zip Code 04546 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 90.00 | |
| Name of Employer Surgical Care Affiliates | Occupation Administrator | Payroll deduction - \$15 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Richard L. Sharff Jr. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012 |
| Mailing Address 3000 Riverchase Galleria Suite 500 | | Transaction ID : SA11AI.5280 |
| City Birmingham | State AL | Zip Code 35244 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 750.00 | |
| Name of Employer Surgical Care Affiliates | Occupation EVP & General Counsel | Payroll deduction - \$125 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 954.00 |
| 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 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. Francis G. Socash
Full Name (Last, First, Middle Initial)

Mailing Address 2259 Foxboro Lane

City Napierville State IL Zip Code 60564

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 ▼ **900.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : SA11AI.5282

Amount of Each Receipt this Period **300.00**

Payroll deduction - \$50 bi-weekly

B. Susan Sorg
Full Name (Last, First, Middle Initial)

Mailing Address 330 N Madison Street

City Joliet State IL Zip Code 60435

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 **09 / 30 / 2012**

Transaction ID : SA11AI.5283

Amount of Each Receipt this Period **90.00**

Payroll deduction - \$15 bi-weekly

C. 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 ▼ **270.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : SA11AI.5284

Amount of Each Receipt this Period **90.00**

Payroll deduction - \$15 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **480.00**

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. Full Name (Last, First, Middle Initial)
Carla F. Stephanie

Mailing Address 1526 Northway Drive

City State Zip Code
St. Cloud MN 56303

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 ▼
270.00

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

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period
90.00

Payroll deduction - \$15 bi-weekly

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

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| TOTAL This Period (last page this line number only).....▶ | 4878.00 |

**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

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) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.5287

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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