

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
 Check if different than previously reported. (ACC)
BIRMINGHAM AL 35244

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)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(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 (12S)
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 05 20 2010 through 06 30 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 07 23 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	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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	19053.63									
(c) Total Receipts (from Line 19)	3148.12	13354.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22201.75	41201.75								
7. Total Disbursements (from Line 31)	10100.00	29100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12101.75	12101.75								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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)	2370.00	8836.00
(ii) Unitemized	771.50	4495.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3141.50	13331.00
(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)	3141.50	13331.00
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.)	6.62	23.81
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))	3148.12	13354.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3148.12	13354.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	10100.00	29100.00
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))..	10100.00	29100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10100.00	29100.00

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)	3141.50	13331.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3141.50	13331.00
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 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Melanie R. Boles

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 ▼ 240.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: SA11AI.4587

Amount of Each Receipt this Period: 60.00

Payroll deduction \$20 bi-weekly

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

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 ▼ 300.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: SA11AI.4589

Amount of Each Receipt this Period: 75.00

Payroll deduction \$25 bi-weekly

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

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 ▼ 228.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: SA11AI.4590

Amount of Each Receipt this Period: 57.00

Payroll deduction \$19 bi-weekly

SUBTOTAL of Receipts This Page (optional) 192.00

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 12
	<input checked="" 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) Kelli Collins		Date of Receipt
	Mailing Address 3812 N. Elm Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Greensboro	NC	27455
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4593
Name of Employer Surgical Care Affiliates		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	<input type="text"/> 57.00
			Payroll deduction \$19 bi-weekly

B.	Full Name (Last, First, Middle Initial) Ann L. Dugan		Date of Receipt
	Mailing Address 1526 Atwood Avenue Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Johnson	RI	02919
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4595
Name of Employer Surgical Care Affiliates		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 75.00
			Payroll deduction \$25 bi-weekly

C.	Full Name (Last, First, Middle Initial) Viva Elia		Date of Receipt
	Mailing Address 2714 W. Canyon Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4596
Name of Employer Surgical Care Affiliates		Occupation VP - Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 924.00	<input type="text"/> 231.00
			Payroll deduction \$77 bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 363.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steve Hutkai

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 Sugical Care Affiliates Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.4602

Amount of Each Receipt this Period 75.00

Payroll deduction \$19 bi-weekly

B. Full Name (Last, First, Middle Initial)
Karl B. Klungreseter

Mailing Address 550 S. Beretainer Street
Suite 700

City Honolulu State HI Zip Code 96813

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 ▼ 228.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.4603

Amount of Each Receipt this Period 75.00

Payroll deduction \$19 bi-weekly

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

Mailing Address 3123 Professional Drive

City Auburn State CA Zip Code 95603

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 ▼ 300.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.4606

Amount of Each Receipt this Period 75.00

Payroll deduction \$25 bi-weekly

SUBTOTAL of Receipts This Page (optional) 189.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 924.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4607
Amount of Each Receipt this Period 231.00
Payroll deduction \$77 bi-weekly

B. Full Name (Last, First, Middle Initial)
Brian Mathis

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 ▼ 300.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4610
Amount of Each Receipt this Period 75.00
Payroll deduction \$25 bi-weekly

C. Full Name (Last, First, Middle Initial)
Diane A. Phelps

Mailing Address 614 E. Chestnut Street

City Louisville State KY Zip Code 40202

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 ▼ 240.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4614
Amount of Each Receipt this Period 60.00
Payroll deduction \$20 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 366.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 600.00
 Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4616
 Amount of Each Receipt this Period 150.00
 Payroll deduction \$50 bi-weekly

B. Full Name (Last, First, Middle Initial)
Michael A. Rucker
 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 ▼ 2340.00
 Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4621
 Amount of Each Receipt this Period 585.00
 Payroll deduction \$195 bi-weekly

C. Full Name (Last, First, Middle Initial)
Richard L. Sharff, Jr.
 Mailing Address 3000 Riverchase Galleria Suite 500
 City Birmingham State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Care Affiliates Occupation EVP & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00
 Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4623
 Amount of Each Receipt this Period 375.00
 Payroll deduction \$125 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:		PAGE 11 / 12	
	(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"/> 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) Francis G. Socash		Date of Receipt																					
	Mailing Address 2259 Foxboro Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	0														
	City	State	Zip Code		Transaction ID: SA11AI.4625																			
	Naperville	IL	60564																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Surgical Care Affiliates		Occupation VP - Operations		<input type="text" value="150.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		Payroll deduction \$50 bi-weekly																				
		<input type="text" value="600.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2370.00"/>

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)
BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Political contribution

Candidate Name
SHELLEY BERKLEY

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4578
Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL D CRAPO

Mailing Address 239 DIRKSEN SENATE OFFICE BLDG

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement
Political contribution

Candidate Name
MICHAEL D CRAPO

Office Sought: House
 Senate
 President
State: ID District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4581
Date of Disbursement

06 / 28 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
Political contribution

Candidate Name
JOHN B LARSON

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4575
Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

10100.00

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

10100.00