

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC) -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End 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 / / through / /

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 Richard L. Sharff Jr. [Electronically Filed] Date / /

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

**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="2013"/>	<input type="text" value="25805.81"/>	<input type="text" value="25805.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25805.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11857.24"/>	<input type="text" value="11857.24"/>
(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="37663.05"/>	<input type="text" value="37663.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4000.00"/>	<input type="text" value="4000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33663.05"/>	<input type="text" value="33663.05"/>
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: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	8834.00	8834.00
(ii) Unitemized	3010.00	3010.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	11844.00	11844.00
(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)	11844.00	11844.00
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.).....	13.24	13.24
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))..... ▶	11857.24	11857.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11857.24	11857.24

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	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.....	4000.00	4000.00
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)) ..	4000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	4000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	11844.00	11844.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11844.00	11844.00
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: (check only one)	PAGE 6 OF 11
<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. 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 ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : SA11AI.5430

Amount of Each Receipt this Period
325.00

Payroll deduction - \$25 biweekly

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 ▼
247.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : SA11AI.5432

Amount of Each Receipt this Period
247.00

Payroll deduction - \$19 biweekly

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 ▼
247.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : SA11AI.5434

Amount of Each Receipt this Period
247.00

Payroll deduction - \$19 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	819.00
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 OF 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

A. 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 ▼ 325.00

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.5437
 Amount of Each Receipt this Period 325.00
 Payroll deduction - \$25 biweekly

B. 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 ▼ 1001.00

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.5438
 Amount of Each Receipt this Period 1001.00
 Payroll deduction - \$77 biweekly

C. Roberto Jardeleza
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 Central Park Avenue
 City Evanston State IL Zip Code 60201
 Name of Employer Surgical Care Affiliates Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.5444
 Amount of Each Receipt this Period 800.00
 Payroll deduction - \$80 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2126.00
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 11
	<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 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)

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.5445
 Amount of Each Receipt this Period 390.00
 Payroll deduction - \$30 biweekly
 Aggregate Year-to-Date 390.00

B. Joy Kurosaka
 Full Name (Last, First, Middle Initial)
 Mailing Address 10950 Evening Creek Drive E, #135
 City San Diego State CA Zip Code 92128
 FEC ID number of contributing federal political committee. C
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify)

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.5447
 Amount of Each Receipt this Period 247.00
 Payroll deduction - \$19 biweekly
 Aggregate Year-to-Date 247.00

C. 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)

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.5452
 Amount of Each Receipt this Period 325.00
 Payroll deduction - \$25 biweekly
 Aggregate Year-to-Date 325.00

SUBTOTAL of Receipts This Page (optional)..... 962.00
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 11
<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 ▼ 325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.5453

Amount of Each Receipt this Period
325.00

Payroll deduction - \$25 biweekly

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 ▼ 325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.5455

Amount of Each Receipt this Period
325.00

Payroll deduction - \$25 biweekly

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 ▼ 1755.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.5459

Amount of Each Receipt this Period
1755.00

Payroll deduction - \$135 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2405.00

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 11
<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) A. Kelli Ruiz		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.5460
Mailing Address 13822 Laurinda Way		Amount of Each Receipt this Period 247.00
City Santa Ana	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C		Payroll deduction - \$19 biweekly
Name of Employer Surgical Care Affiliates	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) B. Richard L. Sharff Jr.		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.5462
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 1625.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction - \$125 biweekly
Name of Employer Surgical Care Affiliates	Occupation EVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	

Full Name (Last, First, Middle Initial) C. Francis G. Socash		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.5464
Mailing Address 2259 Foxboro Lane		Amount of Each Receipt this Period 650.00
City Napierville	State IL	Zip Code 60564
FEC ID number of contributing federal political committee. C		Payroll deduction - \$50 biweekly
Name of Employer Surgical Care Affiliates	Occupation VP - Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	2522.00
TOTAL This Period (last page this line number only).....▶	8834.00

**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. KEVIN BRADY

Mailing Address PO BOX 8277

City THE WOODLANDS State Zip Code 77387

Purpose of Disbursement
Brady for Congress

011

Category/
Type

Candidate Name

KEVIN BRADY

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : SB23.5478

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement
Fundraiser for Richard Neal

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : SB23.5481

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

4000.00

4000.00
