

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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	22435.54									
(c) Total Receipts (from Line 19)	3874.59	37563.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26310.13	65410.13								
7. Total Disbursements (from Line 31)	0.00	39100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26310.13	26310.13								
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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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)	3635.50	30820.00
(ii) Unitemized	232.00	6699.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3867.50	37519.00
(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)	3867.50	37519.00
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.)	7.09	44.19
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))	3874.59	37563.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3874.59	37563.19

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.....	0.00	39100.00
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))..	0.00	39100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	39100.00

DETAILED SUMMARY PAGE
of Disbursements

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	3867.50	37519.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3867.50	37519.00
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 / 19
	<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	

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) Geoff J. Abbott	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 1 South 224 Summitt Suite 201	Transaction ID: SA11AI.4817
	City State Zip Code Oakbrook IL 60181	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$10 bi-weekly
	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 ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Robyn F. Archer	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 617 E. 39th South	Transaction ID: SA11AI.4818
	City State Zip Code Salt Lake City UT 84107	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$10 bi-weekly
	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 ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Melanie R. Boles	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 108 Financial Drive	Transaction ID: SA11AI.4819
	City State Zip Code Lexington KY 42701	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$20 bi-weekly
	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 ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	120.00
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 7 / 19
(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)
Richard T. Brisson

Mailing Address 2690 Lake Park Drive

City State Zip Code
North Charleston SC 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 ▼ 390.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4820
Amount of Each Receipt this Period: 45.00
Payroll deduction - \$15 bi-weekly

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

Mailing Address 2890 Dauphin Street

City State Zip Code
Mobile AL 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 ▼ 650.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4821
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 State Zip Code
Louisville KY 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 ▼ 494.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4822
Amount of Each Receipt this Period: 57.00
Payroll deduction - \$19 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 177.00

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 8 / 19

(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)

Joseph E. Colbert

Mailing Address 3903 Waring Road

City State Zip Code
Oceanside CA 92056

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 ▼ 260.00

Date of Receipt

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

Transaction ID: SA11AI.4823

Amount of Each Receipt this Period
30.00

Payroll deduction - \$10
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Kelli Collins

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 ▼ 494.00

Date of Receipt

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

Transaction ID: SA11AI.4824

Amount of Each Receipt this Period
57.00

Payroll deduction - \$19
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Greg Cunniff

Mailing Address 104 Oxford Avenue

City State Zip Code
Clarendon Hills IL 60514

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

Name of Employer Occupation
Surgical Care Affiliates Chief Financial Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: SA11AI.4826

Amount of Each Receipt this Period
600.00

Payroll deduction - \$200
bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶

687.00

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 9 / 19
(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)
Elizabeth A. Davis

Mailing Address 2056 Aloma Avenue
Suite 200

City State Zip Code
Winter Park FL 32792

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 ▼ 260.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2010

Transaction ID: SA11AI.4827

Amount of Each Receipt this Period: 30.00

Payroll deduction - \$10 bi-weekly

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

Mailing Address 1526 Atwood Avenue
Suite 300

City State Zip Code
Johnson RI 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 ▼ 650.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2010

Transaction ID: SA11AI.4828

Amount of Each Receipt this Period: 75.00

Payroll deduction - \$25 bi-weekly

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

Mailing Address 2714 W. Canyon Avenue

City State Zip Code
San Diego CA 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 ▼ 2002.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2010

Transaction ID: SA11AI.4829

Amount of Each Receipt this Period: 231.00

Payroll deduction - \$77 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 336.00

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 / 19
(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)
Karen S. Fillner
Mailing Address 940 N. 30th Street
City Bilings State MT Zip Code 59101
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 ▼ 260.00
Date of Receipt 12 / 31 / 2010
Transaction ID: SA11AI.4830
Amount of Each Receipt this Period 30.00
Payroll deduction - \$10 bi-weekly

B. Full Name (Last, First, Middle Initial)
Diana M. Geoghegan
Mailing Address 28 N. 64th Street
City Belleville State IL Zip Code 62223
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 ▼ 260.00
Date of Receipt 12 / 31 / 2010
Transaction ID: SA11AI.4832
Amount of Each Receipt this Period 30.00
Payroll deduction - \$10 bi-weekly

C. Full Name (Last, First, Middle Initial)
Connie J. Harvey
Mailing Address 73 Sandpit Road
City Danbury State CT Zip Code 06810
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 ▼ 260.00
Date of Receipt 12 / 31 / 2010
Transaction ID: SA11AI.4833
Amount of Each Receipt this Period 30.00
Payroll deduction - \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 90.00
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 11 / 19
(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)
Jenny M. Hunter

Mailing Address 900 W. Magnolia Avenue
Suite 101

City State Zip Code
Ft. Worth TX 76104

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

Name of Employer Surgical Care Affiliates Occupation Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

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

Transaction ID: SA11AI.4834

Amount of Each Receipt this Period
30.00

Payroll deduction - \$10
bi-weekly

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

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

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

Name of Employer Sugical Care Affiliates Occupation Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 494.00

Date of Receipt

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

Transaction ID: SA11AI.4835

Amount of Each Receipt this Period
57.00

Payroll deduction - \$19
bi-weekly

C. Full Name (Last, First, Middle Initial)
Jenifer A Kimbrough

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 Surgical Care Affiliates Occupation Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt

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

Transaction ID: SA11AI.4836

Amount of Each Receipt this Period
90.00

Payroll deduction - \$30
bi-weekly

SUBTOTAL of Receipts This Page (optional) ► **177.00**

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 / 19
	<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.	Full Name (Last, First, Middle Initial) Karl B. Klungreseter	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 550 S. Beretainer Street Suite 700	Transaction ID: SA11AI.4837
	City Honolulu State HI Zip Code 96813	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$19 bi-weekly
	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 ▼ 456.00	

B.	Full Name (Last, First, Middle Initial) Brian Konieczny	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 200 Bessemer Road	Transaction ID: SA11AI.4838
	City Mt. Pleasant State PA Zip Code 15666	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$10 bi-weekly
	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 ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Richard T. Lewis	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 3123 Professional Drive	Transaction ID: SA11AI.4841
	City Auburn State CA Zip Code 95603	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$25 bi-weekly
	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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	124.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 13 / 19
(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 ▼ 1742.00

Date of Receipt 12 / 31 / 2010
Transaction ID: SA11AI.4842
Amount of Each Receipt this Period 75.00
Payroll deduction - \$25 bi-weekly

B. Full Name (Last, First, Middle Initial)
Debbie L. Loeffler

Mailing Address 4545 Emerson Expressway

City Jacksonville State FL Zip Code 32207

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 ▼ 260.00

Date of Receipt 12 / 31 / 2010
Transaction ID: SA11AI.4843
Amount of Each Receipt this Period 30.00
Payroll deduction - \$10 bi-weekly

C. Full Name (Last, First, Middle Initial)
Kristine Lowther

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) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2010
Transaction ID: SA11AI.4844
Amount of Each Receipt this Period 75.00
Payroll deduction - \$25 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 180.00

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 14 / 19

(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)
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 ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4845

Amount of Each Receipt this Period 75.00

Payroll deduction - \$25
bi-weekly

B.

Full Name (Last, First, Middle Initial)
Bryan Olson

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 ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4846

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 ▼ 520.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4847

Amount of Each Receipt this Period 60.00

Payroll deduction - \$20
bi-weekly

SUBTOTAL of Receipts This Page (optional) 210.00

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 15 / 19
(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 State Zip Code
Tuscaloosa AL 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 ▼ 1300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: SA11AI.4848

Amount of Each Receipt this Period 150.00

Payroll deduction - \$50
bi-weekly

B. Full Name (Last, First, Middle Initial)
Peggy L. Rhoads

Mailing Address 2001 W. Rosedale Street

City State Zip Code
Ft. Worth TX 76104

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 ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: SA11AI.4849

Amount of Each Receipt this Period 30.00

Payroll deduction - \$10
bi-weekly

C. Full Name (Last, First, Middle Initial)
Joanne Roche

Mailing Address 100 Retreat Avenue
Suite 100

City State Zip Code
Hartford CT 06106

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 ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: SA11AI.4851

Amount of Each Receipt this Period 30.00

Payroll deduction - \$10
bi-weekly

SUBTOTAL of Receipts This Page (optional) 210.00

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 16 / 19
(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)
Larry W. Rodabaugh

Mailing Address 205 Grandview Avenue
Suite 101

City State Zip Code
Camp Hill PA 17011

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 ▼
260.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4852
Amount of Each Receipt this Period: 30.00
Payroll deduction - \$10 bi-weekly

B. Full Name (Last, First, Middle Initial)
Michael A. Rucker

Mailing Address 4800 Hampton Lane

City State Zip Code
Bethesda MD 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 ▼
5070.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4853
Amount of Each Receipt this Period: 585.00
Payroll deduction - \$195 bi-weekly

C. Full Name (Last, First, Middle Initial)
Kelli Ruiz

Mailing Address 13822 Laurinda Way

City State Zip Code
Santa Ana CA 92705

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 ▼
209.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4854
Amount of Each Receipt this Period: 57.00
Payroll deduction - \$19 bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶ **672.00**

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

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4853**

We acknowledge an accidental receipt of funds from Michael Rucker that is over the limit. This error came to our attention when processing the 2010 year-end report. A refund of \$70.00 was made to Mr. Rucker on January 24, 2011.

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

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

FOR LINE NUMBER: PAGE 18 / 19
(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)
Gwenyth L. Schmitz

Mailing Address 20998 Redwood Road

City State Zip Code
Castro Valley CA 04546

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 ▼ 390.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4855
Amount of Each Receipt this Period: 45.00
Payroll deduction - \$15 bi-weekly

B. Full Name (Last, First, Middle Initial)
Richard L. Sharff, Jr.

Mailing Address 3000 Riverchase Galleria Suite 500

City State Zip Code
Birmingham AL 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 ▼ 3250.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4856
Amount of Each Receipt this Period: 375.00
Payroll deduction - \$125 bi-weekly

C. Full Name (Last, First, Middle Initial)
Derald W. Smith

Mailing Address 5328 Didesse Drive

City State Zip Code
Baton Rouge LA 70808

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 ▼ 325.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.4857
Amount of Each Receipt this Period: 37.50
Payroll deduction - \$12.50 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 457.50

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 19 / 19
	(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) Francis G. Socash		Date of Receipt
	Mailing Address 2259 Foxboro Lane		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Napierville	IL	60564
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Surgical Care Affiliates		Occupation VP - Operations	Transaction ID: SA11AI.4858
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1300.00"/>	<input type="text" value="150.00"/>
			Payroll deduction - \$50 bi-weekly

B.	Full Name (Last, First, Middle Initial) Susan Sorg		Date of Receipt
	Mailing Address 330 N Madison Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Joliette	IL	60435
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Surgical Care Affiliates		Occupation Administrator	Transaction ID: SA11AI.4859
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="375.00"/>	<input type="text" value="45.00"/>
			Payroll deduction - \$15 bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="195.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3635.50"/>