
4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:


April 15
Quarterly Report (Q1)


July 15
Quarterly Report (Q2)
$\square$ October 15
Quarterly Report (Q3)
January 31
Year-End Report (YE)
July 31 Mid-Year
Report (Non-election Year Only) (MY)
$\square$ Termination Report
(TER)
(b) Monthly Report Due On:


| $\square$ | May 20 (M5) |
| :--- | :--- |
| $\square$ | Jun $20($ M6 $)$ |
| $\square$ | Jul $20(M 7)$ |


Aug 20 (M8)


Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:


Primary (12P)
Convention (12C)


General (12G)
Special (12S)


Runoff (12R)

Election on $\qquad$

in the State of
(d) 30-Day POST-Election Report for the:


General (30G)


Runoff (30R)
 Special (30S)

Election on



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.


NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. $\S 437 \mathrm{~g}$.

|  | Office Use Only |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

FEC FORM 3X

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, <br> 2011 |  |  | $26310.13$ |
| (b) Cash on Hand at Beginning of Reporting Period | $21521.90$ |  |  |
| (c) Total Receipts (from Line 19) ............ | . $\square 16321.69$ |  | $42348.40$ |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B). | $\square 47843.59$ |  | 68658.53 |
| 7. Total Disbursements (from Line 31)........... | . 29638.67 |  | 50453.61 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $18204.92$ |  | $18204.92$ |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D). $\qquad$ | 0.00 |  |  |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) $\qquad$ | $0.00$ |  |  |

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

## Write or Type Committee Name

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

| Report Covering the Period: | From: | M 07 | D 01 |  | To: | M 12 | ' ${ }^{\text {D }} 31$ | $1 \times$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| I. Receipts |  |  |  | COLUMN A Total This Period |  | COLUMN B <br> Calendar Year-to-Date |  |  |

11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)............

|  | 18312.00 |
| :---: | :---: |
|  | 250.00 |
|  | 18562.00 |
|  | 0.00 |
|  | 0.00 |


|  | 30828.00 |
| :---: | :---: |
|  | 3736.00 |
|  | ,$\quad 34564.00$ |
|  | 0.00 |
|  | 0.00 |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)


|  | 34564.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$
$\square 7739.29$

|  | 7739.29 |
| :---: | :---: |
|  | 0.00 |
|  | 45.11 |



|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |

19. Total Receipts (add Lines 11(d), $12,13,14,15,16,17$, and 18(c)) ......... $\square$

|  | 42348.40 |
| :---: | :---: |
|  | 42348.40 |

20. Total Federal Receipts
(subtract Line 18(c) from Line 19) ......... $\downarrow$


FEC Form 3X (Rev. 02/2003)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) $\qquad$ $\ldots$
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees and Other Political Committees. $\qquad$
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)... $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made............................
(a) Individuals/Persons Other Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs)..
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..........
29. Other Disbursements $\qquad$
0.0 .00
$0,70.00$
30. Federal Election Activity (2 U.S.C. §431(20))
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share. $\qquad$
$\qquad$
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..
..

| 0, | 0.00 |
| :---: | :---: |
| ,$\quad$, | 0.00 |
| 0, | 0.00 |
| 2, | 0.00 |


31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
29638.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).............................................


DETAILED SUMMARY PAGE
of Disbursements

Page 5
FEC Form 3X (Rev. 02/2003)

## III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans) (from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date


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



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

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 5015
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - \$10 bi-weekly


Date of Receipt


Transaction ID : SA11AI. 5018
Amount of Each Receipt this Period
140.00

Payroll deduction - $\$ 10$ bi-weekly

Full Name (Last, First, Middle Initial)

Date of Receipt


Transaction ID : SA11AI. 5020
Amount of Each Receipt this Period


Payroll deduction - $\$ 20$ bi-weekly
$0,560.00$

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Initial) <br> A. Richard T. Brisson |  |
| :---: | :---: |
| Mailing Address 2690 Lake Park Drive |  |
| City <br> North Charleston | State Zip Code <br> SC 29406 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Surgical Care Affiliates | Occupation <br> Director of Nursing |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5023
Amount of Each Receipt this Period
$\square 210.00$

Payroll deduction - \$15 bi-weekly


Date of Receipt


Transaction ID : SA11AI. 5024
Amount of Each Receipt this Period
$\square 350.00$

Payroll deduction - $\$ 25$ bi-weekly


Date of Receipt


## Transaction ID : SA11AI. 5026

Amount of Each Receipt this Period
266.00

Payroll deduction - $\$ 19$ bi-weekly

|  | 826.00 |
| :--- | :--- | :--- |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Mailing Address 3903 Waring Road |  |
| :---: | :---: |
| City Oceanside | State Zip Code <br> CA 92056 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Surgical Care Affiliates | Occupation <br> Administrator |
|  | Aggregate Year-to-Date $\square$ <br> 260.00 |

Date of Receipt


Transaction ID : SA11AI. 5027
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - $\$ 10$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5029
Amount of Each Receipt this Period
266.00

Payroll deduction - $\$ 19$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5030
Amount of Each Receipt this Period


Payroll deduction - $\$ 10$ bi-weekly

| SUBTOTAL of Receipts This Page (optional)..................................................................... | $546.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | , - |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Mailing Address 2056 Aloma Avenue Suite 200 |  |
| :---: | :---: |
| City | State Zip Code <br> FL 32792 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Surgical Care Affiliates | Occupation <br> Administrator |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : SA11AI. 5031
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - $\$ 10$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5032
Amount of Each Receipt this Period
$\square 350.00$

Payroll deduction - $\$ 25$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5034
Amount of Each Receipt this Period
1078.00

Payroll deduction - $\$ 77$ bi-weekly

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 5035
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - $\$ 10$ bi-weekly


Date of Receipt


Transaction ID : SA11AI. 5036
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - $\$ 10$ bi-weekly

Full Name (Last, First, Middle Initial)

Date of Receipt

| 12 | 31 | $2011$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5037
Amount of Each Receipt this Period


Payroll deduction - \$10 bi-weekly


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

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

FOR LINE NUMBER: PAGE 11 OF 27 (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Mailing Address 73 Sandpit Road |  |
| :---: | :---: |
| City Danbury | State Zip Code <br> CT 06810 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliates | Occupation <br> Administrator |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : SA11AI. 5038
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - $\$ 10$ bi-weekly

| Full Name (Last, First, Middle Initial) |
| :--- |
| B. Andrew P. Hayek |
| Mailing Address 500 Adams Avenue |
| City |
| Glencoe |
| FEC ID number of contributing |
| federal political committee. |
| Name of Employer |
| Surgical Care Affiliates |
| Receipt For: |
| $\square$Primary <br> $\square$ <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


Transaction ID : SA11AI. 4961
Amount of Each Receipt this Period


Political contribution - one-time


Date of Receipt

| 12 | 31 | Y $Y$ Y 2011 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5039
Amount of Each Receipt this Period
140.00

Payroll deduction - $\$ 10$ bi-weekly

|  | 4280.00 |
| :--- | :--- |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Initial) |
| :--- |
| A.Roberto Jardeleza <br> Mailing Address 2444 Central Park Avenue <br> City <br> Evanston <br> FEC ID number of contributing <br> federal political committee. <br> Name of Employer State IL Zip Code <br> Surgical Care Affiliates C  <br> Receipt For:   <br> $\square$ Primary $\square$ General   <br> $\square$ Other (specify) $\boldsymbol{V}$ Occupation Senior Vice President |

Date of Receipt


Transaction ID : SA11AI. 5040
Amount of Each Receipt this Period
$\square 1120.00$

Payroll deduction - $\$ 80$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5041
Amount of Each Receipt this Period
420.00

Payroll deduction - \$30 bi-weekly

Date of Receipt

| 12 | 31 | Y $Y$ Y 2011 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5042
Amount of Each Receipt this Period


Payroll deduction - $\$ 10$ bi-weekly
$0,1680.00$

## 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 27 (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Mailing Address 10950 Evening Creek Drive E, \#135 |  |
| :---: | :---: |
| City <br> San Diego | State Zip Code <br> CA 92128 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliaties | Occupation Administrator |
|  | Aggregate Year-to-Date $\square$ <br> 494.00 |

Date of Receipt


Transaction ID : SA11AI. 5043
Amount of Each Receipt this Period
266.00

Payroll deduction - \$19 bi-weekly

## Full Name (Last, First, Middle Initial)

B. Richard T. Lewis

Mailing Address 3123 Professional Drive

| City <br> Auburn | State <br> CA | Zip Code <br> 95603 |
| :--- | :--- | :--- |
| FEC ID number of contributing | C |  |
| federal political committee. | Occupation |  |
| Name of Employer | Administrator |  |
| Surgical Care Affiliates | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |  |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ General <br> Other (specify) $\nabla$ |  |  |

Date of Receipt


Transaction ID : SA11AI. 5045
Amount of Each Receipt this Period
$\square 350.00$

Payroll deduction - $\$ 25$ bi-weekly

## Full Name (Last, First, Middle Initial)

C. James C. Llewwellyn

Mailing Address 3000 Riverchase Galleria, Ste 500

| City <br> Birmingham | State <br> AL | Zip Code <br> 35244 |
| :--- | :--- | :--- |
| FEC ID number of contributing |  |  |
| federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Surgical Care Affiliates | Vice President |  |

Date of Receipt

| $\begin{gathered} M 12 \\ 12 \end{gathered}$ | $31$ | $2011$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5046
Amount of Each Receipt this Period


Payroll deduction - $\$ 25$ bi-weekly

| SUBTOTAL of Receipts This Page (optional)................................................................. | $641.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... |  |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Mailing Address 4545 Emerson Expressway |  |
| :---: | :---: |
| City <br> Jacksonville | State Zip Code <br> FL 32207 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Surgical Care Affiliates | Occupation <br> Administrator |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date <br> 260.00 |

Date of Receipt


Transaction ID : SA11AI. 5047
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - \$10 bi-weekly

| Full Name (Last, First, Middle Initial) <br> B. Kristine Lowther |  |
| :---: | :---: |
| 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: | Aggregate Year-to-Date $\mathbf{V}$ |
| Other (specify) | $650.00$ |

Date of Receipt


Transaction ID : SA11AI. 5048
Amount of Each Receipt this Period
$\square 350.00$

Payroll deduction - $\$ 25$ bi-weekly


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

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

FOR LINE NUMBER: PAGE 15 OF 27 (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| A.Brian Mathis <br> Mailing Address 3000 Riverchase Galleria <br> Suite 500 |
| :--- |
| City State Zip Code <br> Birmingham AL 35244 <br> FEC ID number of contributing   <br> federal political committee. C  <br> Name of Employer <br> Surgical Care Affiliates Occupation <br> Receipt For: <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ Aggregate Year-to-Date $\boldsymbol{\nabla}$ |

Date of Receipt


Transaction ID : SA11AI. 5050
Amount of Each Receipt this Period
350.00

Payroll deduction - $\$ 25$ bi-weekly


Date of Receipt


Transaction ID : SA11AI. 5051
Amount of Each Receipt this Period
$\square \quad 350.00$

Payroll deduction - \$25-biweekly

Date of Receipt

| $12$ | 31 | , | $2011$ |
| :---: | :---: | :---: | :---: |

Transaction ID : SA11AI. 5052
Amount of Each Receipt this Period
260.00

Payroll deduction - $\$ 20$ bi-weekly
$0,960.00$

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

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

FOR LINE NUMBER: PAGE 16 OF 27 (check only one)


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

Full Name (Last, First, Middle Initial)

| Mailing Address 1400 McFarland Blvd., N. |  |  |  |
| :---: | :---: | :---: | :---: |
| City | State | Zip Code |  |
| Tuscaloosa | AL | 35406 |  |
| FEC ID number of contributing federal political committee. |  |  |  |
| Name of Employer | OccupationRegion VP |  |  |
| Surgical Care Affiliates |  |  |  |
| Receipt For: | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |  |  |
| $\square$ Other (specify) $\nabla$ |  |  | 800.00 |

Date of Receipt


Transaction ID : SA11AI. 5053
Amount of Each Receipt this Period
$\square 200.00$

Payroll deduction - $\$ 50$ bi-weekly

## Full Name (Last, First, Middle Initial)

B. Peggy L. Rhoads

Mailing Address 2001 W. Rosedale Street

| City <br> Ft. Worth | State Zip Code <br> TX 76104 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliates | Occupation <br> Administrator |
|  | Aggregate Year-to-Date <br> 260.00 |

Date of Receipt


Transaction ID : SA11AI. 5054
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - $\$ 10$ bi-weekly

Full Name (Last, First, Middle Initial)
C. 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 | Occupation |
| Surgical Care Affiliates | Administrator |
| Receipt For: | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Other (specify) | $260.00$ |

Date of Receipt


Transaction ID : SA11AI. 5055
Amount of Each Receipt this Period


Payroll deduction - $\$ 10$ bi-weekly

| 0 | 480.00 |
| :--- | :--- |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 5056
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction - $\$ 10$ bi-weekly

| Full Name (Last, First, Middle Initial) <br> B. 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 | Occupation |
| Surgical Care Affiliates | Executive Vice President |
| Receipt For: | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| $\square$ Other (specify) $\nabla$ | $3930.00$ |

Date of Receipt


Transaction ID : SA11AI. 5057
Amount of Each Receipt this Period
1890.00

Payroll deduction - $\$ 135$ bi-weekly

Date of Receipt

| $12$ | 31 | $2011$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5058
Amount of Each Receipt this Period
266.00

Payroll deduction - \$19 bi-weekly

|  | 2296.00 |
| :--- | :--- | :--- |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 5059
Amount of Each Receipt this Period
210.00

Payroll deduction - $\$ 15$ bi-weekly
B. Richard L. Sharff Jr.

Mailing Address 3000 Riverchase Galleria

| Suite 500 | State | Zip Code |
| :--- | :--- | :--- |
| City | AL | 35244 |
| Birmingham | C |  |
| FEC ID number of contributing |  |  |
| federal political committee. |  |  |
| Name of Employer | Occupation |  |
| Surgical Care Affiliates | EVP \& General Counsel |  |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{\nabla}$ |  |  |

Date of Receipt


Transaction ID : SA11AI. 5060
Amount of Each Receipt this Period
$\square 1750.00$

Payroll deduction - $\$ 125$ bi-weekly

## Full Name (Last, First, Middle Initial)



Date of Receipt

| $12$ | 31 | 2011 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5061
Amount of Each Receipt this Period
$\square 175.00$

Payroll deduction - $\$ 12.50$ bi-weekly

| 2135.00 |
| :--- | :--- |

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

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

FOR LINE NUMBER: PAGE 19 OF 27 (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 5062
Amount of Each Receipt this Period
$\square 700.00$

Payroll deduction - $\$ 50$ bi-weekly

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

Mailing Address 330 N Madison Street

| City <br> Joliette | State | Zip Code |
| :--- | :--- | :--- |
| IL | 60435 |  |

Date of Receipt


Transaction ID : SA11AI. 5063
Amount of Each Receipt this Period
210.00

Payroll deduction - $\$ 15$ bi-weekly

Full Name (Last, First, Middle Initial)
C. Jeanette Stack

Mailing Address 1526 Northway Drive

| City <br> St. Cloud | State <br> MN | Zip Code <br> 56303 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Surgical Care Affiliates | Administrator |  |

Date of Receipt

| $12$ | 31 | $2011$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5064
Amount of Each Receipt this Period
210.00

Payroll deduction - \$15 bi-weekly
$0,1120.00$

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

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

FOR LINE NUMBER: PAGE 20 OF 27 (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 5065
Amount of Each Receipt this Period
210.00

Payroll deduction - $\$ 15$ bi-weekly

| Full Name (Last, First, Middle Initial) |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address |  |  |
| $\overline{\text { City }}$ | State Zip Code |  |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer | Occupation |  |
|  | Aggregate Year-to-Date |  |

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

| Mailing Address |
| :--- |
| City |
| FEC ID number of contributing <br> federal political committee. |
| Name of Employer |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


Amount of Each Receipt this Period


| SUBTOTAL of Receipts This Page (optional)................................................................ | $210.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | , 18312.00 |

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

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

FOR LINE NUMBER: PAGE 21 OF 27 (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA15.5074
Amount of Each Receipt this Period
7739.29

Return of $6 / 3 / 11$ reimbursement of PAC-related administrative expenses
B.

Mailing Address
City $\quad$ State $\quad$ Zip Code

FEC ID number of contributing federal political committee.


| Name of Employer | Occupation |
| :--- | :--- |
| Receipt For: |  |
| $\square$ Primary $\quad \square$ General |  |
| $\square$ Other (specify) $\nabla$ |  |$\quad$ Aggregate Year-to-Date $\boldsymbol{\nabla}$

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

Mailing Address

| City | State Zip Code |
| :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |
| Name of Employer | Occupation |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) $\nabla$ | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |

Date of Receipt


Amount of Each Receipt this Period
$\square$

Date of Receipt


Amount of Each Receipt this Period
$\square$

| SUBTOTAL of Receipts This Page (optional)................................................................. | $7739.29$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)......................................................... | $7739.29$ |

##  <br> Form/Schedule: SA15 <br> Transaction ID : SA15.5074

See Form 99, filed July 28, 2011, for explanation

Form/Schedule:
Transaction ID:

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)
A. ALAMO PAC

| Mailing Address 919 CONGRESS AVE SUITE 1400 |  |  |  | M 09 D <br> 02 2011 |
| :---: | :---: | :---: | :---: | :---: |
| City AUSTIN |  | State Zip Code <br> TX 78701 |  | Transaction ID : SB23.4973 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Political contribution |  |  | 011 |  |
| Candidate Nam JOHN COR |  |  | Category/ Type | $2500.00$ |
| Office Sought: <br> State: TX | $X$House <br> Senate <br> President |  |  |  |

Full Name (Last, First, Middle Initial)
B. BERKLEY FOR CONGRESS


Full Name (Last, First, Middle Initial)
c. BILL NELSON FOR U S SENATE


Date of Disbursement

| M 12 | D 23 | $2011$ |
| :---: | :---: | :---: |

## Transaction ID : SB23.5013

Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)........................................................ | $7500.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | 9 |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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


Full Name (Last, First, Middle Initial)
B. DAVE CAMP FOR CONGRESS

| Mailing Address 5915 EASTMAN AVENUE <br> SUITE 100 |  |  | 09 20 2011 |
| :---: | :---: | :---: | :---: |
| City <br> MIDLAND | State Zip Code <br> MI 48640 |  | Transaction ID : SB23.5005 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Political contribution |  | 011 |  |
| Candidate Name DAVID LEE CAMP |  | Category/ Type | $1000.00$ |
| Office Sought: X House <br> Senate <br>   President <br> State: MI District: 04 |  |  |  |

Full Name (Last, First, Middle Initial)
c. DAVE CAMP FOR CONGRESS

| Mailing Address 5915 EASTMAN AVENUE SUITE 100 |  |  |
| :---: | :---: | :---: |
| City | State Zip Code <br> MI 48640 |  |
| MIDLAND |  |  |
| Purpose of Disbursement Political contribution |  | 011 |
| Candidate Name DAVID LEE CAMP |  | Category/ Type |
| Office Sought: XHouse <br> Senate  <br>    <br> President   |  |  |

Date of Disbursement


## Transaction ID : SB23.5006

Amount of Each Disbursement this Period
$\square 2500.00$

| SUBTOTAL of Disbursements This Page (optional)............................................................ | $6000.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | - |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)
A. DIANE BLACK FOR CONGRESS



Transaction ID : SB23.4985

Amount of Each Disbursement this Period
$\square 2500.00$

Date of Disbursement


Full Name (Last, First, Middle Initial)
c. FRIENDS OF JOE PITTS

| Mailing Address PO BOX 775 |  |  |
| :---: | :---: | :---: |
| City | State Zip Code |  |
| UNIONVILLE | PA 19375 |  |
| Purpose of Disbursement Political contribution |  | 011 |
| Candidate Name <br> JOSEPH R. PITTS |  | Category/ Type |
| Office Sought: $X$ House <br> Senate <br> Penter <br> President   |  |  |

Date of Disbursement


## Transaction ID : SB23.5004

Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)........................................................ | $7500.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... | - , - , - . |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)
A. FRIENDS OF SHERROD BROWN

| Mailing Address PO BOX 76187 |  |  |
| :---: | :---: | :---: |
| City | State Zip Code |  |
| WASHINGTON | DC 20013 |  |
| Purpose of Disbursement Political contribution |  | 011 |
| Candidate Name SHERROD BROWN |  | Category/ Type |
| Office Sought: XHouse <br> Senate <br> State: OH District: 13 |  |  |

B. PETE SESSIONS FOR CONGRESS

| Mailing Address PO BOX 823047 |  |  | 09 02 2011 |
| :---: | :---: | :---: | :---: |
| City DALLAS | State Zip Code <br> TX 75382 |  | Transaction ID : SB23.4981 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Political contribution |  | 011 |  |
| Candidate Name PETE SESSIONS |  | Category/ Type | 1000.00 |
| Office Sought: XHouse <br> Senate <br> President <br> State: TX District: 32 |  |  |  |

Full Name (Last, First, Middle Initial)
c. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

| City COLUMBUS |  |  |  | State Zip Code |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | OH 43220 |  |  |  |
| Purpose of Disbursement Political contribution |  |  |  |  |  |  | 011 |
| Candidate Name STEVE MR. STIVERS |  |  |  |  |  |  | Category/ Type |
| Office | OH |  |  |  |  |  |  |

Date of Disbursement

| ${ }^{\text {M }} 12$ | D 13 <br> 13 | $2011$ |
| :---: | :---: | :---: |

Transaction ID : SB23.5010

Amount of Each Disbursement this Period
$\square 1000.00$

| SUBTOTAL of Disbursements This Page (optional)................................................. | 4500.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)....................................................... |  |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)
A. VERN BUCHANAN FOR CONGRESS

| Mailing Address P. O. BOX 48928 |  |  | 11 18 2011 |
| :---: | :---: | :---: | :---: |
| City SARASOTA | State Zip Code <br> FL 34230 |  | Transaction ID : SB23.5009 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Political contribution |  | 011 |  |
| Candidate Name VERNON BUCHANAN |  | Category/ Type | 1000.00 |
| Office Sought: $X$House <br> Senate <br> State: FL District: 13 |  |  |  |

B. WALLY HERGER FOR CONGRESS COMMITTEE

| Mailing Address PO Box 1007 |  |  | 10 06 2011 |
| :---: | :---: | :---: | :---: |
| City Willows | State Zip Code <br> CA 95988 |  | Transaction ID : SB23.5007 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Political contribution |  | 011 |  |
| Candidate Name WALLY HERGER |  | Category/ Type | $500.00$ |
| Office Sought: $X$House <br> Senate <br> State: CA District: 02 |  |  |  |

Full Name (Last, First, Middle Initial)
c. WYDEN FOR SENATE

| Mailing Address 122 C STREET NW SUITE 505 |  |  |  |
| :---: | :---: | :---: | :---: |
| City WASHINGTON |  | State Zip Code <br> DC 20001 |  |
|  |  |  |  |
| Purpose of Disbursement Political contribution |  |  | 011 |
| Candidate Name RONALD LEE WYDEN |  |  | Category/ Type |
| Office Sought: <br> State: OR | House <br> Senate <br> President |  |  |

Date of Disbursement

| M 09 | - 02 | $2011$ |
| :---: | :---: | :---: |

## Transaction ID : SB23.4982

Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)........................................................... | 4000.00 |  |
| :--- | :--- | :--- | :--- |
| TOTAL This Period (last page this line number only)............................................................ |  |  |

