
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)


Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
$\begin{array}{ll}\text { (c) } & \text { 12-Day } \\ & \text { PRE-Election } \\ & \text { Report for the: }\end{array}$
$\begin{array}{ll}\text { (c) } & \text { 12-Day } \\ & \text { PRE-Election } \\ & \text { Report for the: }\end{array}$
$\begin{array}{ll}\text { (c) } & \text { 12-Day } \\ & \text { PRE-Election } \\ & \text { Report for the: }\end{array}$


Primary (12P)
Convention (12C)
May 20 (M5)


Aug 20 (M8)


Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)


General (12G)


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

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.


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 <br> Rev. 12/2004 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

FEC Form 3X (Rev. 02/2003)
Write or Type Committee Name
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

6. (a) Cash on Hand January 1,
Y-Y
2012
(b) Cash on Hand at

Beginning of Reporting Period. $\qquad$

(c) Total Receipts (from Line 19) $\qquad$

$\square \quad 30983.70$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$
$\square 25800.65$
$\square, 49388.62$
7. Total Disbursements (from Line 31) $\qquad$
0.00
$\square 23587.97$
8. Cash on Hand at Close of Reporting Period
(subtract Line 7 from Line 6(d)) $\qquad$
$\square 25800.65$

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


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

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

|  | 7859.00 |
| :---: | :---: |
|  | 115.00 |
|  | 7974.00 |
|  | 0.00 |
|  | 0.00 |


|  | 24392.00 |
| :---: | :---: |
|  | 6493.50 |
|  | ,$\quad 30885.50$ |
|  | 0.00 |
|  | 0.00 |


|  | 7974.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |


|  | 30885.50 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$
0.00
0,00 to Federal Candidates and Other Political Committees. $\qquad$
16. Other Federal Receipts
(Dividends, Interest, etc.) $\qquad$
17. Transfers from Non-Federal and Levin Funds


| 0.00 |  |
| :---: | :---: |
|  | 98.20 |

(a) Non-Federal Account
(from Schedule H3)...........................
(b) Levin Funds (from Schedule H5) .........
(c) Total Transfers (add 18(a) and 18(b))..

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

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

| 30983.70 |
| :--- |
| -20983.70 |

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
28. Refunds of Contributions To:
(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
$0,0.00$
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)).
..

| , 0.00 |  |
| :---: | :---: |
| , 0, | 0.00 |
| 0, | 0.00 |
| 0, | 0.00 |


31. Total Disbursements (add Lines 21(c), 22, $23,24,25,26,27,28(d), 29$ and $30(c)) .$.
0.00
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

| COLUMN A | COLUMN B |
| :---: | :---: |
| Total This Period | Calendar Year-to-Date |



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

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

FOR LINE NUMBER: $\quad$ PAGE 6 OF 17 (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)

| A. Jeffrey Aiken |
| :--- |
| Mailing Address 3000 Riverchase Galleria, Ste 500 |
| City |
| Birmingham |
| FEC ID number of contributing |
| federal political committee. |
| Name of Employer AL Ctate <br> Surgical Care Affiliates Code   <br> 35244   |
| Receipt For: |
| $\square$ Primary $\square$ General |
| $\square$ Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


Transaction ID : SA11AI. 5367
Amount of Each Receipt this Period
$\square 60.00$

Payroll deduction - \$20 bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5368
Amount of Each Receipt this Period


Payroll deduction - $\$ 10$ bi-weekly

Date of Receipt

| 12 | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ |  | $2012$ |
| :---: | :---: | :---: | :---: |

Transaction ID : SA11AI. 5421
Amount of Each Receipt this Period
20.00

Payroll deduction - $\$ 20$ bi-weekly
$\square, 110.00$

## 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)

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

Date of Receipt


Transaction ID : SA11AI. 5371
Amount of Each Receipt this Period
$\square 45.00$

Payroll deduction - \$15 bi-weekly

| B. 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 | Occupation |
| Surgical Care Affiliates | Administrator |
| Receipt For: | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| $\square$ Other (specify) $\nabla$ | 650.00 |

Date of Receipt


Transaction ID : SA11AI. 5372
Amount of Each Receipt this Period
$\square 75.00$

Payroll deduction - $\$ 25$ bi-weekly


Date of Receipt


## Transaction ID : SA11AI. 5373

Amount of Each Receipt this Period
57.00

Payroll deduction - $\$ 19$ bi-weekly

SUBTOTAL of Receipts This Page (optional).


## 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. 5374
Amount of Each Receipt this Period
$\square 30.00$

Payroll deduction - $\$ 10$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5375
Amount of Each Receipt this Period
$\square 57.00$

Payroll deduction - $\$ 19$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5376
Amount of Each Receipt this Period
30.00

Payroll deduction - $\$ 10$ bi-weekly
$\square, 117.00$

## 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)

| 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. 5377
Amount of Each Receipt this Period
$\square 30.00$

Payroll deduction - $\$ 10$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5378
Amount of Each Receipt this Period
75.00

Payroll deduction - $\$ 25$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5379
Amount of Each Receipt this Period
$\square 231.00$

| Occupation <br> VP - Operations |  |
| :--- | :--- |
| Aggregate Year-to-Date $\boldsymbol{\nabla}$ |  |

Payroll deduction - $\$ 77$ bi-weekly
$\square, 336.00$

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

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

FOR LINE NUMBER: PAGE 10 OF 17 (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)


Date of Receipt


Transaction ID : SA11AI. 5380
Amount of Each Receipt this Period
$\square 30.00$

Payroll deduction - \$10 bi-weekly


Date of Receipt


Transaction ID : SA11AI. 5381
Amount of Each Receipt this Period


Payroll deduction - $\$ 10$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5382
Amount of Each Receipt this Period
30.00

Payroll deduction - $\$ 10$ bi-weekly
$0,90.00$

## 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)

| Full Name (Last, First, Middle Initial) <br> A. Andrew P. Hayek |  |
| :---: | :---: |
| Mailing Address 500 Adams Avenue |  |
| $\overline{\text { City }}$ | State Zip Code |
| Glencoe | IL 60022 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Surgical Care Affiliates | President and CEO |
| Receipt For: | Aggregate Year-to-Date $\mathbf{V}$ |
| $\square$ Primary $\square$ General | $5000.00$ |

Date of Receipt

| $12$ | $\begin{gathered} D \quad D \\ 17 \end{gathered}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5406
Amount of Each Receipt this Period
$\square 5000.00$

Political Contribution - one time

Date of Receipt


Transaction ID : SA11AI. 5383
Amount of Each Receipt this Period
$\square 30.00$

Payroll deduction - $\$ 10$ bi-weekly

Date of Receipt


Transaction ID : SA11AI. 5384
Amount of Each Receipt this Period
$\square 240.00$

Payroll deduction - $\$ 80$ bi-weekly

### 240.00

| SUBTOTAL of Receipts This Page (optional)................................................................ | $5270.00$ |
| :---: | :---: |
| 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 12 OF 17 (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 3000 Riverchase Galleria, Ste 500 |  |
| :---: | :---: |
| $\overline{\text { City }}$ Birmingham | State Zip Code <br> AL 35244 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliates | Occupation <br> Vice President |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5385
Amount of Each Receipt this Period
$\square 90.00$

Payroll deduction - \$30 bi-weekly


Date of Receipt


Transaction ID : SA11AI. 5386
Amount of Each Receipt this Period


Payroll deduction - $\$ 10$ bi-weekly

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

Mailing Address 10950 Evening Creek Drive E, \#135

| City <br> San Diego | State <br> CA | Zip Code <br> 92128 |
| :--- | :--- | :--- |
| FEC ID number of contributing | C |  |
| federal political committee. |  |  |
| Name of Employer | Occupation |  |
| Surgical Care Affiliaties | Administrator |  |

Date of Receipt


Transaction ID : SA11AI. 5387
Amount of Each Receipt this Period


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 13 OF 17 (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)


Date of Receipt


Transaction ID : SA11AI. 5390
Amount of Each Receipt this Period
30.00

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 $\mathbf{V}$ |
| $\square$ Primary $\square$ General | $650.00$ |

Date of Receipt


Transaction ID : SA11AI. 5391
Amount of Each Receipt this Period
75.00

Payroll deduction - $\$ 25$ bi-weekly
Full Name (Last, First, Middle Initial)
C. Jeffrey Lozier

Mailing Address 17787 Del Paso Drive

| City Poway | State Zip Code <br> CA 92064 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliates | Occupation <br> Physician |
|  | Aggregate Year-to-Date $\square$ <br> 400.00 |

Date of Receipt

| $12$ | 31 | 2012 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5392
Amount of Each Receipt this Period


Distribution deduction - \$100 quarterly

| SUBTOTAL of Receipts This Page (optional)................................................................. | $205.00$ |
| :---: | :---: |
| 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 OF 17 (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)

| Full Name (Last, First, Middle Initial) <br> A. Brian Mathis |  |
| :---: | :---: |
| Mailing Address 3000 Riverchase Galleria Suite 500 |  |
| City <br> Birmingham | State Zip Code <br> AL 35244 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Surgical Care Affiliates | Occupation VP Strategy |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt

| 12 | $\begin{gathered} D \cdot D \\ 31 \end{gathered}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5393
Amount of Each Receipt this Period
$\square 75.00$

Payroll deduction - $\$ 25$ bi-weekly

| Full Name (Last, First, Middle Initial) <br> B. Bryan Olson |  |  |  |
| :---: | :---: | :---: | :---: |
| Mailing Address 1500 Greystone Parc Circle |  |  |  |
| City | State | Zip Code |  |
| Birmingham | AL | 35242 |  |
| FEC ID number of contributing federal political committee. | C |  |  |
| Name of Employer Surgical Care Affiliates | Occupation |  |  |
|  | Director |  |  |
| Receipt For: | Aggregate Year-to-Date $\mathbf{V}$ |  |  |
| Primary $\square$ General Other (specify) $\nabla$ |  |  | 650.00 |

Date of Receipt


Transaction ID : SA11AI. 5394
Amount of Each Receipt this Period


Payroll deduction - \$25-biweekly

Date of Receipt

| $12$ | 31 |  | $2012$ |
| :---: | :---: | :---: | :---: |

Transaction ID : SA11AI. 5395
Amount of Each Receipt this Period
30.00

Payroll deduction - $\$ 10$ bi-weekly
$\square, 180.00$

## 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 17 (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)


Date of Receipt


Transaction ID : SA11AI. 5396
Amount of Each Receipt this Period
$\square 30.00$

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 $\mathbf{V}$ |
| Other (specify) | 3510.00 |

Date of Receipt


Transaction ID : SA11AI. 5397
Amount of Each Receipt this Period
405.00

Payroll deduction - $\$ 135$ bi-weekly

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

Mailing Address 13822 Laurinda Way

| City <br> Santa Ana | State <br> CA | Zip Code <br> 92705 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation <br> Surgical Care Affiliates | Administrator |

Date of Receipt

| $12^{M}$ | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5398
Amount of Each Receipt this Period


Payroll deduction - \$19 bi-weekly

| SUBTOTAL of Receipts This Page (optional)................................................................ | , 492.00 |
| :---: | :---: |
| 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 OF 17 (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)


Date of Receipt


Transaction ID : SA11AI. 5399
Amount of Each Receipt this Period
45.00

Payroll deduction - $\$ 15$ bi-weekly

| Full Name (Last, First, Middle Initial) <br> B. 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 <br> EVP \& General Counsel |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 5400
Amount of Each Receipt this Period
$\square \quad 375.00$

Payroll deduction - $\$ 125$ bi-weekly

Date of Receipt

| $12^{M}$ | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5401
Amount of Each Receipt this Period
150.00

Payroll deduction - $\$ 50$ bi-weekly
$0,570.00$

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

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

FOR LINE NUMBER: PAGE 17 OF 17 (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)


Date of Receipt

| $\begin{gathered} \text { M M } \\ 12 \end{gathered}$ | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ | $\begin{gathered} y-r \mid r \\ 2012 \end{gathered}$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5402
Amount of Each Receipt this Period
$\square \quad 45.00$

Payroll deduction - $\$ 15$ bi-weekly

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

B. Jeanette Stack

Mailing Address 1526 Northway Drive

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

Date of Receipt


Transaction ID : SA11AI. 5403
Amount of Each Receipt this Period


Payroll deduction - $\$ 15$ bi-weekly

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

C. Carla F. Stephanie

Mailing Address 1526 Northway Drive

| City <br> St. Cloud | State Zip Code <br> MN 56303 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliates | Occupation <br> Director of Nursing |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt

| $12$ | 31 | $2012$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5404
Amount of Each Receipt this Period


Payroll deduction - \$15 bi-weekly

| SUBTOTAL of Receipts This Page (optional)................................................................ | , 135.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)........................................................ | $7859.00$ |

