

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)

ADDRESS (number and street)

569 BROOKWOOD VILLAGE

SUITE 901

Check if different  
than previously  
reported. (ACC)

BIRMINGHAM

AL

35209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00440743

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

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

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

General (30G)



Runoff (30R)



Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2017

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Sharff, Richard, L., Jr.

Type or Print Name of Treasurer

Signature of Treasurer

Sharff, Richard, L., Jr.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 31 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">101971.48</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">80095.85</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">12847.59</span>	<span style="border: 1px solid black; padding: 2px;">47221.96</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">92943.44</span>	<span style="border: 1px solid black; padding: 2px;">149193.44</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">91000.00</span>	<span style="border: 1px solid black; padding: 2px;">147250.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">1943.44</span>	<span style="border: 1px solid black; padding: 2px;">1943.44</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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. 05/2016)

Page 3

Write or Type Committee Name

SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	7		

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).....	9571.00	33769.82
(ii) Unitemized .....	3211.10	13334.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12782.10	47104.47
(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) .....	12782.10	47104.47
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.).....	65.49	117.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12847.59	47221.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12847.59	47221.96

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	25000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	71000.00	122250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	91000.00	147250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91000.00	147250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12782.10	47104.47
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12782.10	47104.47
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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Aguayo, David, J., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6677

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll deduction \$40.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Balikian, Philip, , ,**

Mailing Address P.O. Box 5000 Pub 93

City

Rancho Santa

State  
CA

Zip Code  
92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 02 / 2017

Transaction ID : SA11AI.6679

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barsamian-Armstrong, Judith, E., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City

Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6680

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 7 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Breen, Bryan, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

VP, Strategy and Payer Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6683

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bried, James, , ,**

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 (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2017

Transaction ID : SA11AI.6684

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Buono, Timothy, M., ,**

Mailing Address 1 Dorlon Pt.

City  
Norwalk

State  
CT

Zip Code  
06855

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

VP of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6687

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll deduction \$40.00 biweekly

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

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

490.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

<b>A. Burns, Vicki, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 361.00		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6689</b> Amount of Each Receipt this Period 114.00 <input type="checkbox"/> Memo Item Payroll deduction \$19.00 biweekly
<b>B. Chokski, Ajay, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Group Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6694</b> Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Memo Item Payroll deduction \$50.00 biweekly
<b>C. Chye, Eleanor, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1140.00		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6695</b> Amount of Each Receipt this Period 360.00 <input type="checkbox"/> Memo Item Payroll deduction \$60.00 biweekly
<b>SUBTOTAL</b> of Receipts This Page (optional).....		674.00
<b>TOTAL</b> This Period (last page this line number only).....		

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 OF 41

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Colbert, Joseph, E., ,

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6696

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Collins, Kelli, , ,

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6697

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coronado, Mishelle, , ,

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
VP, Regulatory Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6699

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

354.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Courtay, Rena, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6700

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crump, Carol, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6701

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cutter, David, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6702

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

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

384.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Donnelly, Alison, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Director, External Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11Al.6704**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dragolovic, Goran, , ,**

Mailing Address 2012 E. Glenoaks Blvd

City  
Glendale

State  
CA

Zip Code  
91206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11Al.6706**

Amount of Each Receipt this Period

190.00

☐ Memo Item

Payroll deduction \$95.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edler, Marie, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

SDR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11Al.6708**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll deduction \$35.00 biweekly

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

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

550.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Elia, Viva, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1463.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11AI.6710**

Amount of Each Receipt this Period

462.00

☐ Memo Item

Payroll deduction \$77.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Elliott, Kevin, R., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Senior Director, Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11AI.6711**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellison, Christian, D., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2185.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11AI.6712**

Amount of Each Receipt this Period

690.00

☐ Memo Item

Payroll deduction \$115.00 biweekly

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

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

1242.00

# **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)

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Fees, Nicholas, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Assistant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6715

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Festi, David, J, ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Director, Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6716

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Frazier, Brandon, T., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
VP, Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6717

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

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

384.00

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

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

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. George, Margaret, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6721

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Graham, Jennifer, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6724

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Grantham, David, L., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6725

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

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

300.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

<b>A. Hamers, Kevin, M., ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11Al.6726</b> Amount of Each Receipt this Period 72.00 <input type="checkbox"/> Memo Item Payroll deduction \$12.00 biweekly
<b>B. Hast, Anne, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.50			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11Al.6729</b> Amount of Each Receipt this Period 69.00 <input type="checkbox"/> Memo Item Payroll deduction \$11.50 biweekly
<b>C. Hess, Cory, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 475.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11Al.6732</b> Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Memo Item Payroll deduction \$25.00 biweekly
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			291.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ho, Huong, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11AI.6733**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Klassen, Christopher, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11AI.6740**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lally, Thomas, J., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11AI.6743**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

360.00

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

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Langston, Mark, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
VP, Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6744

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Laperriere, Nicolas, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6746

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll deduction \$35.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Linder, William, T., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6747

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll deduction \$50.00 biweekly

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

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

660.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lowder, Lindsay, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11Al.6750**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lowther, Kristine, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11Al.6751**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lozier, Jeffrey, , ,**

Mailing Address 17787 Del Paso Drive

City  
Poway

State  
CA

Zip Code  
92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2017

**Transaction ID : SA11Al.6752**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

464.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lucey, Michael, , ,**

Mailing Address 5715 N Bay Ridge Avenue

City  
Whitefish BayState  
WIZip Code  
53217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care AffiliatesOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017
**Transaction ID : SA11AI.6753**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mathis, Brian, , ,**Mailing Address 569 Brookwood Village  
Suite 901City  
BirminghamState  
ALZip Code  
35209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care AffiliatesOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017
**Transaction ID : SA11AI.6754**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Melancon, Willis, P, ,**Mailing Address 569 Brookwood Village  
Suite 901City  
BirminghamState  
ALZip Code  
35209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care AffiliatesOccupation (for Individual)  
Senior Director, Financial Operations

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017
**Transaction ID : SA11AI.6763**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

420.00

**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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Mills, Michelle, , ,</b></p> <p>Mailing Address 569 Brookwood Village Suite 901</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Birmingham</td> <td style="width: 16%;">State AL</td> <td style="width: 51%;">Zip Code 35209</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Surgical Care Affiliates</td> <td style="width: 67%;">Occupation (for Individual) Administrator</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">228.00</span> </p>			City Birmingham	State AL	Zip Code 35209	Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Administrator	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 12</td> <td style="width: 33%; text-align: center;">D D D 31</td> <td style="width: 34%; text-align: center;">Y Y Y Y Y Y 2017</td> </tr> </table> <p><b>Transaction ID : SA11Al.6764</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">72.00</span> </p> <p><input type="checkbox"/> Memo Item          Payroll deduction \$12.00 biweekly       </p>			M M M 12	D D D 31	Y Y Y Y Y Y 2017
City Birmingham	State AL	Zip Code 35209											
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Administrator												
M M M 12	D D D 31	Y Y Y Y Y Y 2017											
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Millsap, Carrie, , ,</b></p> <p>Mailing Address 569 Brookwood Village Suite 901</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Birmingham</td> <td style="width: 16%;">State AL</td> <td style="width: 51%;">Zip Code 35209</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Surgical Care Affiliates</td> <td style="width: 67%;">Occupation (for Individual) Director, Operations</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">475.00</span> </p>			City Birmingham	State AL	Zip Code 35209	Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director, Operations	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 12</td> <td style="width: 33%; text-align: center;">D D D 31</td> <td style="width: 34%; text-align: center;">Y Y Y Y Y Y 2017</td> </tr> </table> <p><b>Transaction ID : SA11Al.6765</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span> </p> <p><input type="checkbox"/> Memo Item          Payroll deduction \$25.00 biweekly       </p>			M M M 12	D D D 31	Y Y Y Y Y Y 2017
City Birmingham	State AL	Zip Code 35209											
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director, Operations												
M M M 12	D D D 31	Y Y Y Y Y Y 2017											
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Olson, Bryan, , ,</b></p> <p>Mailing Address 569 Brookwood Village Suite 901</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Birmingham</td> <td style="width: 16%;">State AL</td> <td style="width: 51%;">Zip Code 35209</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Surgical Care Affiliates</td> <td style="width: 67%;">Occupation (for Individual) Director</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">475.00</span> </p>			City Birmingham	State AL	Zip Code 35209	Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 12</td> <td style="width: 33%; text-align: center;">D D D 31</td> <td style="width: 34%; text-align: center;">Y Y Y Y Y Y 2017</td> </tr> </table> <p><b>Transaction ID : SA11Al.6770</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span> </p> <p><input type="checkbox"/> Memo Item          Payroll deduction \$25.00 biweekly       </p>			M M M 12	D D D 31	Y Y Y Y Y Y 2017
City Birmingham	State AL	Zip Code 35209											
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director												
M M M 12	D D D 31	Y Y Y Y Y Y 2017											
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">372.00</span>										
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>										

# **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 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prince, Phillip, R., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Raskin, Leslie, J., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6776

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seidler, Scott, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Surgical Care Affiliates

Occupation (for Individual)  
Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6782

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

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

324.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

<b>A. Semeraro, Nicole, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 722.00		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6783</b> Amount of Each Receipt this Period 228.00 <input type="checkbox"/> Memo Item Payroll deduction \$38.00 biweekly
<b>B. Shi, Diana, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Director, Financial Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6784</b> Amount of Each Receipt this Period 90.00 <input type="checkbox"/> Memo Item Payroll deduction \$15.00 biweekly
<b>C. Sinha, Saptarshi, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6785</b> Amount of Each Receipt this Period 120.00 <input type="checkbox"/> Memo Item Payroll deduction \$20.00 biweekly
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		438.00
<b>TOTAL</b> 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 23 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Gordon, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Senior Director, Training and Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11Al.6786**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sorg, Susan, L., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11Al.6789**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stack, Jeanette, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11Al.6790**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

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

300.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)

<b>A. Strauss, Jason, J., ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Group Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1520.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6793</b> Amount of Each Receipt this Period 480.00 <input type="checkbox"/> Memo Item Payroll deduction \$80.00 biweekly
<b>B. Sweatman, Daniel, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Director, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6794</b> Amount of Each Receipt this Period 120.00 <input type="checkbox"/> Memo Item Payroll deduction \$20.00 biweekly
<b>C. Tidmarsh, Lachlan, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 569 Brookwood Village Suite 901 City Birmingham State AL Zip Code 35209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Surgical Care Affiliates Occupation (for Individual) Chief Information Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.6796</b> Amount of Each Receipt this Period 120.00 <input type="checkbox"/> Memo Item Payroll deduction \$20.00 biweekly
<b>SUBTOTAL</b> of Receipts This Page (optional).....			720.00
<b>TOTAL</b> 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Torbatian, Veronica, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

Senior Director, Revenue Cycle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6797

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll deduction \$40.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wachsmann, Leslie, , ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliate

Occupation (for Individual)

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6801

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wells, Coy, R., ,**

Mailing Address 569 Brookwood Village  
Suite 901

City  
Birmingham

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Surgical Care Affiliates

Occupation (for Individual)

VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : SA11AI.6805

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

444.00

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

9571.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2017

Mailing Address 1012 CAMERON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00424788

**Transaction ID : SB23.6818**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FLORIDA SOCIETY OF AMBULATORY SURGERY CENTERS POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2017

Mailing Address 1400 VILLAGE SQUARE BLVD 3-175

City  
TALLAHASSEEState  
FLZip Code  
32312Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00409615

**Transaction ID : SB23.6823**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVID SCHWEIKERT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2017

Mailing Address 228 S WASHINGTON STREET  
STE 115City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 06

FEC Identification Number

C C00540617

**Transaction ID : SB23.6814**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Mailing Address 2025 M STREET, NW  
SUITE 800City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00394163

**Transaction ID : SB23.6821**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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

20000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Bobby Powell Campaign**

Mailing Address Post Office Box 782

City  
West Palm BeachState  
FLZip Code  
33402Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6847**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brent Jackson for NC Senate**

Mailing Address 2905 Ernest Williams Road

City  
Autryville,State  
NCZip Code  
28318Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

FEC Identification Number

C

**Transaction ID : SB29.6826**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Charbonneau for Senate**

Mailing Address P.O. Box 30

City  
ValparaisoState  
INZip Code  
46384Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6897**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Antonio 'Tony' Munoz**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address PO Box 09112

City  
ChicagoState  
ILZip Code  
60609Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB29.6855

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Chris Nybo**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address 444 S Mitchell Ave.

City  
ElmhurstState  
ILZip Code  
60126Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB29.6869

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Hammond**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address PO Box 694

City  
MacombState  
ILZip Code  
61455Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB29.6889

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Joe Sosnowski**

Mailing Address 7431 E State St, #114

City  
RockfordState  
ILZip Code  
61108Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2017					

FEC Identification Number

C

Transaction ID : SB29.6887

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Karen McConnaughay**

Mailing Address 902 S Randall Rd, #295

City  
Saint CharlesState  
ILZip Code  
60174Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2017					

FEC Identification Number

C

Transaction ID : SB29.6863

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Lightford**

Mailing Address PO Box 7824

City  
WestchesterState  
ILZip Code  
60154Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2017					

FEC Identification Number

C

Transaction ID : SB29.6861

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Lou Lang**

Mailing Address PO Box 1815

City  
SkokieState  
ILZip Code  
60076Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6881**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Michael E. Hastings**

Mailing Address PO Box 162

City  
Tinley ParkState  
ILZip Code  
60477Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6857**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Coalition for Conservative Leadership Political Committee**

Mailing Address 133 S. Harbor Dr.

City  
VeniceState  
FLZip Code  
34285Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6833**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Heather Van Natter**

Mailing Address 2709 Seattle Slew Lane

City  
KokomoState  
INZip Code  
46901Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.6893**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jay C Hoffman**

Mailing Address PO Box 23738

City  
BellevilleState  
ILZip Code  
62223Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.6873**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Conservatives for Principled Leadership**

Mailing Address 8489 Cabin Hill Road

City  
TallahasseeState  
FLZip Code  
32311Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.6875**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Dave Syverson Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address 555 S Perryville Rd

City  
RockfordState  
ILZip Code  
61108Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB29.6867**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Andy Manar**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address PO Box W

City  
Bunker HillState  
ILZip Code  
62014Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB29.6859**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Arthur Turner II**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address 3849 W Ogden Ave, Ste B

City  
ChicagoState  
ILZip Code  
60623Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB29.6883**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Dana Young**

Mailing Address 610 South Boulevard

City  
TampaState  
FLZip Code  
33606Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6843**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Dan Brady**

Mailing Address P.O. Box 769

City  
BloomingtonState  
ILZip Code  
61702-0769Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2017

FEC Identification Number

C

**Transaction ID : SB29.6830**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of David Ober**

Mailing Address 711 N Orange Street

City  
AlbionState  
INZip Code  
46701Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6928**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Don Harmon**

Mailing Address 6941-A W. North Avenue

City  
Oak ParkState  
ILZip Code  
60302Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6851**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Michael J Madigan**

Mailing Address PO Box 3188

City  
ChicagoState  
ILZip Code  
60654Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6871**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Sue Rezin**

Mailing Address PO Box 932

City  
MorrisState  
ILZip Code  
60450Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6865**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Tim Moore**

Mailing Address 514 Daniels Street, #127

City  
RaleighState  
NCZip Code  
27605Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6904**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Innovate Florida**

Mailing Address 610 S. Boulevard

City  
TampaState  
FLZip Code  
33606Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6835**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kathleen Passidomo Campaign**

Mailing Address 2200 Southwinds Drive

City  
NaplesState  
FLZip Code  
34102Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

**Transaction ID : SB29.6845**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. NC Ambulatory Surgical Center Association PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

Mailing Address 1400 Village Sq. Blvd, Suite 3-175

City  
TallahasseeState  
FLZip Code  
32312

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB29.6925**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. North Carolina House Democratic Caucus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address PO Box 25517

City  
RaleighState  
NCZip Code  
27611Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB29.6917**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. North Carolina Republican House Caucus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address 1506 Hillsborough Street

City  
RaleighState  
NCZip Code  
27605Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB29.6919**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. North Carolina Republican Senate Caucus**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address 1506 Hillsborough Street

City  
RaleighState  
NCZip Code  
27605Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : SB29.6921**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. North Carolina Senate Democratic Caucus**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address P.O Box 28163

City  
RaleighState  
NCZip Code  
27611Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : SB29.6923**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PHIL BERGER COMMITTEE**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address P.O. BOX 1309

City  
EDENState  
NCZip Code  
27289Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : SB29.6914**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Phil Boots for State Senate District 23 Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address 5061 South Sherwood Cove

FEC Identification Number

**C****Transaction ID : SB29.6895**

Amount of Each Disbursement this Period

500.00

☐ Memo ItemCity  
CrawfordsvilleState  
INZip Code  
47933Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Raoul for Illinois**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address 22 West Washington, Suite 1500

FEC Identification Number

**C****Transaction ID : SB29.6853**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity  
ChicagoState  
ILZip Code  
60602Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN PARTY OF FLORIDA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Mailing Address 420 E. JEFFERSON STREET

FEC Identification Number

**C** C00099259**Transaction ID : SB29.6901**

Amount of Each Disbursement this Period

3000.00

☐ Memo ItemCity  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Team Demmer**

Mailing Address PO Box 192

City  
DixonState  
ILZip Code  
61021Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2017					

FEC Identification Number

C

**Transaction ID : SB29.6885**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The People for Emanuel 'Chris' Welch**

Mailing Address 233 Oak Ridge Ave

City  
HillsideState  
ILZip Code  
60162Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2017					

FEC Identification Number

C

**Transaction ID : SB29.6877**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VoteCarbaugh.com**

Mailing Address 1118 Skyline Pass

City  
Fort WayneState  
INZip Code  
46825Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2017					

FEC Identification Number

C

**Transaction ID : SB29.6891**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCA-MC VBP, INC. POLITICAL ACTION COMMITTEE (SCA PAC)**

Full Name (Last, First, Middle Initial)

**A. Watchdog PAC**

Mailing Address 877 Executive Center Dr W. Ste 100

City  
Saint PetersburgState  
FLZip Code  
33702Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

Transaction ID : SB29.6849

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Zalewski for State Representative**

Mailing Address 437 Repton Rd

City  
RiversideState  
ILZip Code  
60546Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

FEC Identification Number

C

Transaction ID : SB29.6879

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

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

71000.00