

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 3000 RIVERCHASE GALLERIA
SUITE 500
 Check if different than previously reported. (ACC)
BIRMINGHAM AL 35244

2. **FEC IDENTIFICATION NUMBER** C00440743
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Richard L. Sharff, Jr.

Signature of Treasurer Electronically Filed by Richard L. Sharff, Jr. Date 07 28 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		26310.13
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	26310.13									
(c) Total Receipts (from Line 19)	16026.71	16026.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42336.84	42336.84								
7. Total Disbursements (from Line 31)	20814.94	20814.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21521.90	21521.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	12516.00	12516.00
(ii) Unitemized	3486.00	3486.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16002.00	16002.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16002.00	16002.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	24.71	24.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16026.71	16026.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16026.71	16026.71

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7744.94	7744.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7744.94	7744.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	13000.00	13000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	70.00	70.00
(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))	70.00	70.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20814.94	20814.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20814.94	20814.94

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16002.00	16002.00
34. Total Contribution Refunds (from Line 28(d))	70.00	70.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15932.00	15932.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7744.94	7744.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7744.94	7744.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Kamel Abraham	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 5825 Yazell Road	Transaction ID: SA11AI.4951
	City Springfield State OH Zip Code 45502	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Political contribution - one-time
	Name of Employer Surgical Care Affiliates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

B.	Full Name (Last, First, Middle Initial) Melanie R. Boles	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 108 Financial Drive	Transaction ID: SA11AI.4878
	City Lexington State KY Zip Code 42701	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$20 bi-weekly
	Name of Employer Surgical Care Affiliates Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 240.00	

C.	Full Name (Last, First, Middle Initial) Sandra K. Bunch	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2890 Dauphin Street	Transaction ID: SA11AI.4880
	City Mobile State AL Zip Code 36606	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$25 bi-weekly
	Name of Employer Surgical Care Affiliates Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	840.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Vicki Burns	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4005 Dupont Circle	Transaction ID: SA11AI.4881
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 228.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$19 bi-weekly
	Name of Employer: Surgical Care Affiliates Occupation: Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00	

B.	Full Name (Last, First, Middle Initial) Kelli Collins	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3812 N. Elm Street	Transaction ID: SA11AI.4883
	City State Zip Code Greensboro NC 27455	Amount of Each Receipt this Period 228.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$19 bi-weekly
	Name of Employer: Surgical Care Affiliates Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00	

C.	Full Name (Last, First, Middle Initial) Greg Cunniff	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 104 Oxford Avenue	Transaction ID: SA11AI.4885
	City State Zip Code Clarendon Hills IL 60514	Amount of Each Receipt this Period 1800.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$200 bi-weekly
	Name of Employer: Surgical Care Affiliates Occupation: Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	2256.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Ann L. Dugan

Mailing Address 1526 Atwood Avenue
Suite 300

City State Zip Code
Johnson RI 02919

FEC ID number of contributing federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.4887

Amount of Each Receipt this Period

300.00

Payroll deduction - \$25
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Viva Elia

Mailing Address 2714 W. Canyon Avenue

City State Zip Code
San Diego CA 92123

FEC ID number of contributing federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
VP - Operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.4888

Amount of Each Receipt this Period

924.00

Payroll deduction - \$77
bi-weekly

C.

Full Name (Last, First, Middle Initial)

William Fitzpatrick

Mailing Address 4233 Abingdon Trail

City State Zip Code
Birmingham AL 35243

FEC ID number of contributing federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4953

Amount of Each Receipt this Period

500.00

Political contribution -
one-time

SUBTOTAL of Receipts This Page (optional)

1724.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 17
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Roberto Jardeleza		Date of Receipt
	Mailing Address 2444 Central Park Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4895
Name of Employer Surgical Care Affiliates		Occupation Senior Vice President	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	Payroll deduction - \$80 bi-weekly

B.	Full Name (Last, First, Middle Initial) Jenifer A Kimbrough		Date of Receipt
	Mailing Address 3000 Riverchase Galleria, Ste 500		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	Birmingham	AL	35244
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4897
Name of Employer Surgical Care Affiliates		Occupation Vice President	Amount of Each Receipt this Period 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	Payroll deduction - \$30 bi-weekly

C.	Full Name (Last, First, Middle Initial) Joy Kurosaka		Date of Receipt
	Mailing Address 10950 Evening Creek Drive E, #135		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	San Diego	CA	92128
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4899
Name of Employer Surgical Care Affiliates		Occupation Administrator	Amount of Each Receipt this Period 228.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	Payroll deduction - \$19 bi-weekly

SUBTOTAL of Receipts This Page (optional)	988.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Richard T. Lewis		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3123 Professional Drive		Transaction ID: SA11AI.4901
City Auburn	State CA	Zip Code 95603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Surgical Care Affiliates	Occupation Administrator	Payroll deduction - \$25 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) James C. Llewellyn		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 3000 Riverchase Galleria, Ste 500		Transaction ID: SA11AI.4902
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Surgical Care Affiliates	Occupation Vice President	Payroll deduction - \$25 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Kristine Lowther		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 2040 Harvest Drive		Transaction ID: SA11AI.4904
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Surgical Care Affiliates	Occupation VP - Operations	Payroll deduction - \$25 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brian Mathis	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3000 Riverchase Galleria Suite 500	Transaction ID: SA11AI.4905
	City Birmingham State AL Zip Code 35244	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$25 bi-weekly
	Name of Employer Surgical Care Affiliates Occupation VP Strategy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Bryan Olson	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1500 Greystone Parc Circle	Transaction ID: SA11AI.4906
	City Birmingham State AL Zip Code 35242	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$25 bi-weekly
	Name of Employer Surgical Care Affiliates Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Diane A. Phelps	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 614 E. Chestnut Street	Transaction ID: SA11AI.4907
	City Louisville State KY Zip Code 40202	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Payroll deduction - \$20 bi-weekly
	Name of Employer Surgical Care Affiliates Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	840.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Holly C. Ramey
 Mailing Address 1400 McFarland Blvd., N.
 City Tuscaloosa State AL Zip Code 35406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Care Affiliates Occupation Region VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.4908
 Amount of Each Receipt this Period 600.00
 Payroll deduction - \$50 bi-weekly

B. Full Name (Last, First, Middle Initial)
Michael A. Rucker
 Mailing Address 4800 Hampton Lane
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Care Affiliates Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.4913
 Amount of Each Receipt this Period 2040.00
 Payroll deduction - \$135 bi-weekly

C. Full Name (Last, First, Middle Initial)
Kelli Ruiz
 Mailing Address 13822 Laurinda Way
 City Santa Ana State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.4914
 Amount of Each Receipt this Period 228.00
 Payroll deduction - \$19 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 2868.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

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

Name of Employer Occupation
Surgical Care Affiliates EVP & General Counsel

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: SA11AI.4916

Amount of Each Receipt this Period

1500.00

Payroll deduction - \$125
bi-weekly

B.

Full Name (Last, First, Middle Initial)
Francis G. Socash

Mailing Address 2259 Foxboro Lane

City State Zip Code
Napierville IL 60564

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

Name of Employer Occupation
Surgical Care Affiliates VP - Operations

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: SA11AI.4918

Amount of Each Receipt this Period

600.00

Payroll deduction - \$50
bi-weekly

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

12516.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 17

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A.

Full Name (Last, First, Middle Initial)
Surgical Care Affiliates, LLC

Transaction ID: SB21B.4957
Date of Disbursement

Mailing Address 3000 Riverchase Galleria
Suite 500

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

City Birmingham State AL Zip Code 35244

Amount of Each Disbursement this Period

7739.29

Purpose of Disbursement
Reimbursement of PAC-related administrative expenses

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7739.29

TOTAL This Period (last page this line number only)

7739.29

A. Form/Schedule : **SB21B**
Transaction ID : **SB21B.4957**

On June 3, 2011, a new accounting employee, who was unfamiliar with the policy of Surgical Care Affiliates, LLC ('SCA') of paying all administrative expenses associated with SCA PAC, improperly transferred \$7,739.29 from SCA PAC to SCA for the reimbursement of SCA PAC-related administrative expenses. This transfer of funds came to our attention when reviewing SCA PAC's bank statement. The payment to SCA was returned to SCA PAC on July 5, 2011. This July transaction is being reported on Form 99.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS</p> <p>Mailing Address 8550 UNITED PLAZA BLVD. SUITE 1001</p> <p>City BATON ROUGE State LA Zip Code 70809</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name WILLIAM CASSIDY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4931 Date of Disbursement 04 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 E MAIN STREET SUITE 200</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name ERIC CANTOR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4935 Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS</p> <p>Mailing Address PO BOX 12667</p> <p>City BAKERSFIELD State CA Zip Code 93389</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name KEVIN MCCARTHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4938 Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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 Page

FOR 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS		Transaction ID: SB23.4940	
	Mailing Address P.O. BOX 425		Date of Disbursement MM / DD / YYYY 04 / 04 / 2011	
City ROSWELL		State GA	Zip Code 30077	
Purpose of Disbursement Political contribution			Amount of Each Disbursement this Period 3500.00	
Candidate Name THOMAS EDMUNDS PRICE			011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 06				

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

13000.00