

**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

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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
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
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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

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
11 29 2016

through

M M M / D D D / Y Y Y Y Y Y
12 31 2016

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 2017

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

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 29 / 2016 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		69047.16
(b) Cash on Hand at Beginning of Reporting Period.....	96547.23	
(c) Total Receipts (from Line 19)	5424.25	69646.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	101971.48	138693.74
7. Total Disbursements (from Line 31).....	0.00	36722.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	101971.48	101971.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	6

To:

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

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).....	4417.20	47758.80
(ii) Unitemized	992.70	21812.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5409.90	69570.90
(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)	5409.90	69570.90
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.).....	14.35	75.68
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))	5424.25	69646.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5424.25	69646.58

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	122.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	122.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	29000.00
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).....	0.00	7600.00
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)) ..	0.00	36722.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	36722.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	5409.90	69570.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5409.90	69570.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	122.26
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	122.26

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 36

(check only one)

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

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6328

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll deduction \$40.00 biweekly

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

B. Anderson, Peggy, , ,

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6329

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6330

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 36

(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

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

A. Bartell, Cathy, 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)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6331

Amount of Each Receipt this Period

16.00

☐ Memo Item

Payroll deduction \$8.00 biweekly

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

B. Bell, Julie, , ,

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6332

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Betancourt, Leah, H., ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6334

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

56.00

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

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

FOR LINE NUMBER: PAGE 8 OF 36

(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

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

A. Bloebaum, 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6335

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Bunch, Sandra, K., ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6338

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Burns, Vicki, , ,

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 ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6341

Amount of Each Receipt this Period

38.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

78.00

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 OF 36

(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

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

A. Byrd, Lisa, , ,

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, Broker Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6342

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Chokski, Ajay, , ,

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6346

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll deduction \$50.00 biweekly

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

C. Chye, Eleanor, , ,

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 ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6347

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll deduction \$60.00 biweekly

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 10 OF 36

(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

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6348

Amount of Each Receipt this Period

40.00

☐ 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 ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6350

Amount of Each Receipt this Period

38.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

C. **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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6353

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

128.00

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 OF 36

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

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6355

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

B. Davis, Elizabeth, A., ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6357

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6358

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 12 OF 36

(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

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

A. 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 ▼

2470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6359

Amount of Each Receipt this Period

190.00

☐ Memo Item

Payroll deduction \$98.00 biweekly

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

B. Dugan, Ann, 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6360

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 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 ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6362

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll deduction \$35.00 biweekly

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

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

310.00

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

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

FOR LINE NUMBER: PAGE 13 OF 36

(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

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 ▼

2002.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6364

Amount of Each Receipt this Period

154.00

☐ 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6365

Amount of Each Receipt this Period

30.00

☐ 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 ▼

2990.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6366

Amount of Each Receipt this Period

230.00

☐ Memo Item

Payroll deduction \$115.00 biweekly

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

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

414.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

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

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

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

A. Erb, Ronald, 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6367

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Evelyn, Jim, , ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6368

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6370

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 15 OF 36

(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

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

A. 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 ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6371

Amount of Each Receipt this Period

38.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

B. 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6372

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Gallagher, Charles, O.,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6373

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

108.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 36

(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

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

A. Gamez, Mary, A., ,

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)
Business Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6374

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Garcia, Gabriel, M., ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6376

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6377

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

80.00

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 17 OF 36

(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

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

A. Golkow, Amanda, K., ,

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, New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6378

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6379

Amount of Each Receipt this Period

30.00

☐ 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6380

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

80.00

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 18 OF 36

(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

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

A. Hamers, Kevin, M., ,

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6381

Amount of Each Receipt this Period

24.00

☐ Memo Item

Payroll deduction \$12.00 biweekly

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

B. Harward, Michael, , ,

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6383

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Hayek, Andrew, P., ,

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 Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6385

Amount of Each Receipt this Period

384.60

☐ Memo Item

Payroll deduction \$192.30 biweekly

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

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

428.60

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

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

FOR LINE NUMBER: PAGE 19 OF 36

(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

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

A. Hayes, Jeffrey, W., ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6386

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Hess, Cory, , ,

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:

☐ 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 / 2016

Transaction ID : SA11AI.6387

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6388

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

110.00

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 20 OF 36

(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

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

A. Hunter, Jenny, , ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6391

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Jimenez, Geronimo, , ,

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 Y
12 / 31 / 2016

Transaction ID : SA11AI.6392

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

C. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6395

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 36

(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

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

A. Konieczny, Brian, , ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6397

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6398

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

C. 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6399

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

110.00

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 22 OF 36

(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

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

A. 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6400

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll deduction \$35.00 biweekly

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

B. 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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6401

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll deduction \$50.00 biweekly

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

C. Loeffler, Debbie, , ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6402

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

190.00

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 23 OF 36

(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

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

A. Lord Younts, Dana, , ,

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)
HR Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6404

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6405

Amount of Each Receipt this Period

38.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

C. 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6406

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

108.00

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 24 OF 36

(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

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

A. Lucey, Michael, , ,

Mailing Address 5715 N Bay Ridge Avenue

City
Whitefish Bay

State
WI

Zip Code
53217

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6408

Amount of Each Receipt this Period

40.00

☐ 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 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6409

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. McCall, Adrienne, , ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6411

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 25 OF 36

(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

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

A. McIntosh, Stephanie, , ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6414

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. McLane-Onofrio, Dawn, , ,

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)
Dir. Integration Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6415

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Meeks, Dare, , ,

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6416

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 26 OF 36

(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

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

A. Melancon, Willis, P, ,

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 Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6417

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

B. Mills, Michelle, , ,

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 ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6418

Amount of Each Receipt this Period

24.00

☐ Memo Item

Payroll deduction \$12.00 biweekly

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

C. Mondo, Gina, , ,

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, New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6420

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

94.00

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

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

FOR LINE NUMBER: PAGE 27 OF 36

(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

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

A. Morgan, Audra, 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)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6421

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Nelson, Thomas, , ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6422

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Olson, 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)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6425

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 28 OF 36

(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

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

A. Pace, Louise, M.,

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6426

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

B. Pitts, Candace, A.,

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)
Business Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6428

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. Pocorobba, Jack, A.,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6429

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 29 OF 36

(check only one)

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

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6430

Amount of Each Receipt this Period

40.00

☐ 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6432

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

C. Roberts, Cory, P., ,

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6436

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll deduction \$38.46 biweekly

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

146.92

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 30 OF 36

(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

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

A. Rosen, Andrew, 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6438

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

B. Rucker, Michael, A., ,

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)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6440

Amount of Each Receipt this Period

115.38

☐ Memo Item

Payroll deduction \$57.69 biweekly

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

C. Sharff, Richard, L., , Jr.

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)
EVP & Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6444

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll deduction \$96.15 biweekly

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

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

357.68

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

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

FOR LINE NUMBER: PAGE 31 OF 36

(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

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

A. Shi, Diana, , ,

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6445

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

B. Sobel, Rikki, S., ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6449

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6450

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 32 OF 36

(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

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

A. 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6451

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

B. Stephanie, Carla, F., ,

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6452

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll deduction \$15.00 biweekly

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

C. Stewart, Matt, 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)
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6453

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 33 OF 36
(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

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

A. Strauss, Jason, 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)
Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6455

Amount of Each Receipt this Period

160.00

☐ Memo Item

Payroll deduction \$80.00 biweekly

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

B. Szott, Timothy, 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)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6458

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C. 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6460

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll deduction \$40.00 biweekly

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

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

260.00

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

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

FOR LINE NUMBER: PAGE 34 OF 36

(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

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

A. Vessel, Michelle, , ,

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 Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6461

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 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 ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6464

Amount of Each Receipt this Period

38.00

☐ Memo Item

Payroll deduction \$19.00 biweekly

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

C. Waite, Kristi, , ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6467

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

78.00

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 35 OF 36

(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

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

A. Weaver, Kristi, , ,

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6468

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

B. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6469

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

C. White, Victoria, F., ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6471

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

100.00

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 36 OF 36
(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

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

A. Yuckman, Timothy, W., ,

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6475

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

B. Zahn, Albert, 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

Transaction ID : SA11AI.6476

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll deduction \$10.00 biweekly

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

40.00

4417.20