

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2009"/>	<input type="text" value="6048.06"/>	<input type="text" value="6048.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6048.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13924.56"/>	<input type="text" value="13924.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19972.62"/>	<input type="text" value="19972.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8000.00"/>	<input type="text" value="8000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11972.62"/>	<input type="text" value="11972.62"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 01 / 01 / 2009 To: 06 / 30 / 2009

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).....	9302.00	9302.00
(ii) Unitemized	4612.50	4612.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13914.50	13914.50
(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)	13914.50	13914.50
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.).....	10.06	10.06
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))..... ▶	13924.56	13924.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13924.56	13924.56

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	8000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	8000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	8000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	13914.50	13914.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13914.50	13914.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This report is being amended to reflect the change in bank name due to clerical error. There was no change to financial activity.

Form/Schedule:
Transaction ID:

**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 OF 12
	<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. Deborah T. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Hammond Drive
 Building F, Suite 6100
 City Atlanta State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sugical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2009
Transaction ID : SA11AI.4289
 Amount of Each Receipt this Period 520.00
 Payroll deduction \$40.00 bi-weekly

B. Viva Elia
 Full Name (Last, First, Middle Initial)
 Mailing Address 2714 W. Canyon Avenue
 City San Diego State CA Zip Code 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 ▼ 385.00

Date of Receipt 06 / 30 / 2009
Transaction ID : SA11AI.4300
 Amount of Each Receipt this Period 385.00
 Payroll deduction \$77.00 bi-weekly

C. Andrew P. Hayek
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Adams Avenue
 City Glencoe State IL Zip Code 60022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Care Affiliates Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 06 / 2009
Transaction ID : SA11AI.4245
 Amount of Each Receipt this Period 5000.00
 Political Contribution - one time

SUBTOTAL of Receipts This Page (optional).....▶	5905.00
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 12
(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. Dr. David M. Lavine
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 W. Rosedale Street
 City Ft. Worth State TX Zip Code 76104
 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 ▼ 250.00

Date of Receipt 04 / 29 / 2009
Transaction ID : SA11AI.4266
 Amount of Each Receipt this Period 250.00
 Political Contribution - one time

B. William J Pethick
 Full Name (Last, First, Middle Initial)
 Mailing Address 6310 1111 Way NW
 City Gig Harbor State WA Zip Code 98332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 20 / 2009
Transaction ID : SA11AI.4272
 Amount of Each Receipt this Period 700.00
 Political Contribution - one time

C. Holly C. Ramey
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.00

Date of Receipt 06 / 30 / 2009
Transaction ID : SA11AI.4323
 Amount of Each Receipt this Period 250.00
 Payroll deduction \$50.00 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 OF 12
(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 Birmingham State AL Zip Code 35244

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

Name of Employer Surgical Care Affiliates Occupation EVP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2009
Transaction ID : SA11AI.4336

Amount of Each Receipt this Period 1000.00

Payroll deduction \$125.00 bi-weekly

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	9302.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. BILL NELSON FOR U S SENATE

Mailing Address 500 RED SAIL WAY

City State Zip Code
SATELITE BEACH FL 32937

Purpose of Disbursement
Political Contribution

011

Candidate Name

BILL NELSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	9

Transaction ID : **SB23.4219**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City State Zip Code
MIAMI FL 33169

Purpose of Disbursement
Political Contribution

011

Candidate Name

KENDRICK B. MEEK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	9

Transaction ID : **SB23.4205**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City State Zip Code
GLASTONBURY CT 06033

Purpose of Disbursement
Political Contribution

011

Candidate Name

JOHN B LARSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

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

Transaction ID : **SB23.4202**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
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