PAGE 1 / 10

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other	rnan An Auth	orizea Commi	iiee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR I	PRINT ▼	Example: If ty over the lines.		12FE4M	5
Surgery Partners, Inc.	Political	Action Comm	ittee			
ADDRESS (number and street)	310 Seve	n Springs Way				
▼	Suite 500	)				
Check if different than previously reported. (ACC)	Brentwo	od			TN L	37027
2. FEC IDENTIFICATION N	UMBER ▼	CITY	<b>′ ▲</b>		STATE <b>A</b>	ZIP CODE ▲
C C00520833		3. IS RE	THIS PORT	NEW (N) <b>OR</b>	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Mon Rep   Due	ort On:	20 (M2)	May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		H	20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0	71)	Apr 2	0 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	(C)	12-Day  PRE-Election	Primary (1	2P)	General (	(12G) Runoff (12R)
October 15		Report for the:	Convention	n (12C)	Special (	12S)
Quarterly Report (C January 31 Year-End Report (Y		Election	on M M	/ D D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election Report for the:	General (3	30G)	Runoff (3	Special (30S)
Termination Report (TER)		Election	on M - M	/ D D /	Y	in the State of
5. Covering Period 07		2019	through	12	31	2019
I certify that I have examined the Type or Print Name of Treasure	O'Brien,	nd to the best of r Jeffrey, , ,	my knowledge and	d belief it is tru	ue, correct and	d complete.
Signature of Treasurer	ien, Jeffrey, , ,		[Electronico	ally Filed]	Date 01	1 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erron	eous, or inco	omplete information	may subject the p	erson signing tl	nis Report to th	ne penalties of 52 U.S.C. § 3010
Office Use						FEC FORM 3X Rev. 05/2016

### SHMMADY DAGE

FEC Form 2V (Page 05/0040)	OF RECEIPTS AND DISBURSEMENTS	D <b>2</b>
FEC Form 3X (Rev. 05/2016)		Page <b>2</b>
Write or Type Committee Name	ation Oraca attack	
Surgery Partners, Inc. Political Ac	ction Committee	
Report Covering the Period: From:	07	To: 12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2019		185.52
(b) Cash on Hand at  Beginning of Reporting Period	36.10	
(c) Total Receipts (from Line 19)	2166.25	2166.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2202.35	2352.44
7. Total Disbursements (from Line 31)	2202.35	2352.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	5000.00	
This committee has qualified as a mult	icandidate 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)

Write or Type Committee Name

#### Surgery Partners, Inc. Political Action Committee

2019 31 2019 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 2166.22 2166.22 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 0.03 0.70 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 2166.92 2166.25 20. Total Federal Receipts 2166.25 2166.92 (subtract Line 18(c) from Line 19) .......▶

#### **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				
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 (c) Total Operating Expenditures	2202.35	2352.44				
(add 21(a)(i), (a)(ii), and (b))▶	2202.35	2352.44				
Transfers to Affiliated/Other Party Committees	0.00	0.00				
Contributions to Federal Candidates/Committees	0.00	0.00				
and Other Political Committees	0.00	0.00				
Independent Expenditures (use Schedule E)	0.00	0.00				
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7 7 7	1 1 1 1 1 1 1 1 1				
(use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	0.00				
man i omodi committees	0.00	0.00				
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds		4 4 4				
(add Lines 28(a), (b), and (c))	0.00	0.00				
Other Disbursements (Including						
Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))					
(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	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2202.35	2352.44				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)						
non the organization	2202.35	2352.44				

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2202.35	2352.44
7. Offsets to Operating Expenditures (from Line 15, page 3)	2166.22	2166.22
8. Net Operating Expenditures (subtract Line 37 from Line 36)	36.13	186.22

#### S 17

SCHEDULE A (FEC Form	3X)	(- \	FOR LINE NUMBER: PAGE 6 OF 10								
ITEMIZED RECEIPTS	Use separate for each category Detailed Sumr	gory of the	(check only one)  11a 11b 11c 13 14 <b>X</b> 15								
Any information copied from such Reports or for commercial purposes, other than us											
NAME OF COMMITTEE (In Full) Surgery Partners, Inc. Polit	ical Action Committee										
Full Name of Individual (Last, First, Mid Surgery Partners, Inc.		Э	Date of Receipt								
Mailing Address 310 Seven Springs Wa Suite 500			09 / D D /	2019							
City Brentwood	State Zip Code TN 37027		Transaction ID : SA15  Amount of Each Receipt								
FEC ID number of contributing federal political committee.	С		- Villouit of East 1666.p	888.93							
Name of Employer (for Individual)	Occupation (for Indivi	idual)	Memo Item Reimbursement for 09/16/	/19 bank fees and carryo							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	888.93	negative balance from 8/3								
Full Name of Individual (Last, First, Mid 3. Surgery Partners, Inc.	dle Initial) or Full Organization Name	9	Date of Receipt								
Mailing Address 310 Seven Springs Wa Suite 500			10 17 2019								
City Brentwood	State Zip Code TN 37027		Transaction ID : SA15  Amount of Each Receipt								
FEC ID number of contributing federal political committee.	C		- Villiaguit of East 1 1000.p	926.09							
Name of Employer (for Individual)	Occupation (for Indivi	idual)	Memo Item Reimbursement for 10/15/	/19 bank fees.							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	1815.02									
Full Name of Individual (Last, First, Mic. Surgery Partners, Inc.	dle Initial) or Full Organization Name	9	Date of Receipt								
Mailing Address 310 Seven Springs Was Suite 500 City	y State Zip Code		11 19 Table 2015	2019							
Brentwood	TN 37027		Transaction ID : SA15  Amount of Each Receip								
FEC ID number of contributing federal political committee.	C			125.79							
Name of Employer (for Individual)	Occupation (for Indivi	idual)	Memo Item Reimbursement for 11/15/	/19 bank fees.							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	1940.81									
SUBTOTAL of Receipts This Page (option	nal)	·····		1940.81							
TOTAL This Period (last page this line no	umber only)										

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 10 (check only one)									
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	11a 11b 11c 12									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
$\setminus$	NAME OF COMMITTEE (In Full) Surgery Partners, Inc. Political	Action Co	ommittee										
Α.		itial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 310 Seven Springs Way Suite 500			12 17 2019									
	City Brentwood	State TN	Zip Code 37027	Transaction ID : SA15.4295									
	FEC ID number of contributing federal political committee.	С	0.0021	Amount of Each Receipt this Period  225.41									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item  Reimbursement for 12/16/19 bank fees.									
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2166.22	]									
— В.	Full Name of Individual (Last, First, Middle In	itial) or Full C	organization Name	Date of Receipt									
υ.	Mailing Address			M = M / D = D / Y = Y = Y									
	City	State	Zip Code	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		Amount of Each necespt this Period									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	Receipt For:  Primary General  Other (specify) ▼	]											
<del></del>	Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name	Date of Receipt									
	Mailing Address			M = M / D = D / Y = Y = Y									
	City	State	Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.													
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	]									
s	UBTOTAL of Receipts This Page (optional)			225.41									
L.	OTAL This Period (last nage this line number	only)		2166.22									

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

### 17

50	CHEDULE B (FEC Form 3X)	lles		E NUMBER: PAGE 8 OF 10								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	-		_	¬	_	7.07		
			Summary Page	×	21b 28a	22 28b	23		26 29		27 30b	
_	ny information conicd from such Barrata and City		not bo salal si	ad b								lion-
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full)											
$ \rangle$	Surgery Partners, Inc. Political Acti	on Com	mittee									
_	Full Name (Last, First, Middle Initial)					_						
A.	Bank of America				Date of Disbursement							
	Mailing Address 4011 Hillsboro Road					08	/ D	15	/		2019	Y
	City	State	Zip Code			FEC Id	antificat	ion N	Numh	or		
	Nashville	TN	37215			_	Jimilal		•uiiiD	.01	-	
	Purpose of Disbursement Bank Fees				$\neg$	C						
	Candidate Name			0.:			nsaction		_			Davie -
				Categor Type	y/	Amount	or Eac	il Di	SUURS	emer	ιι ιπιS Ι	enoa
	Office Sought: House Disburser	nent For:									25.0	0
		Primary	General				7		7			
	State: District:	Other (spec	cify) 🔻			Me	mo Iter	n				
_	Full Name (Last, First, Middle Initial)											
В.	Bank of America					Date of	Disbur	sem	ent			
				M M / D D / Y Y Y						YY	Υ	
	Mailing Address 4011 Hillsboro Road					09		16			2019	
	1	State	Zip Code			FEC Id	entificat	ion I	Numb	er		
	Nashville Purpose of Disbursement	TN	37215							_		
	Bank Fees			Г.		C		/=		045	1000	
	Candidate Name			Category Type	y/	Amoun	nsaction of Eac		_			Period
	Office Sought: House Disbursen	nent For:			=						875.0	6
	Senate	Primary	General	ral								
	President State: District:	Other (spec	city)			Me	mo Iter	n				
_	Full Name (Last, First, Middle Initial)				$\dashv$							
C.	Bank of America					Date of	Disbur	sem	ent			
						M M	/ D	D	/	Υ	YY	Υ
	Mailing Address 4011 Hillsboro Road					10	ı L	15	Ш	2	2019	
	,	State	Zip Code			FEC Id	entificat	ion 1	Numb	er		
	Nashville Purpose of Disbursement	TN	37215			С		-		-	-	
	Purpose of Disbursement Bank Fees											
Candidate Name  Category Type						Tra Amount	nsaction of Eac					Period
	Office Sought: House Disburser	nent For:		.,,,,	-			_			926.0	9
	Senate	Primary General				7 7						
President Other (specify) ▼						Me	mo Iter	n				
	State: District:											
8	SUBTOTAL of Disbursements This Page (optional)				<b>•</b>		· ·	Ξ			1826.	15
Γ,	OTAL This Period (last page this line number only)				_							
	The Time I chou (last page this line number only)						1 1		100		100	

#### S П

Use separate schedule(s) to each category of the Cach category of each category of each category of the Cach category of the Cach category of the Cach cach category of the Cach cach cach cach cach cach cach cach	S	CHEDULE B (FEC Form 3X)		EOR LINE					NUMBER: PAGE 9 OF 10								
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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)  Surgery Partners, Inc. Political Action Committee  Full Name (Last, First, Middle Initial)  A. Bank of America  Mailing Address 4011 Hilliaboro Road  City Sanate Primary General Primary	ΙΤ	EMIZED DISBURSEMENTS			1 ' '	heck	only	IL NOMBETT.									
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 or for the purpose of soliciting contributions from such committee.    MAII of Committee   NAME OF COMMITTEE (in Full)	-																
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 Pull)  Surgery Partners, Inc. Political Action Committee  Full Name (Last, First, Middle Initial)  A. Bank of America  Mailing Address 4011 Hillsboro Road  City Nashville Furpose of Disbursement State:  Disfort:  Full Name (Last, First, Middle Initial)  B. Bank of America  City Nashville  City State  City State  City State  City State  City State  Disbursement  Shark Food  City Shark  Candidate Name  Catogory/ Type  Disbursement  Disbursement  Disbursement  State:  Disbursement  Disbursement  City State  City State  Disbursement  Dis	_			288													
Surgery Partners, Inc. Political Action Committee  Full Name (Last, First, Middle Initial) A Bank of America  Mailing Address 4011 Hillsboro Road  City																	
Full Name (Last, First, Middle Initial)  A Bank of America  Mailing Address 4011 Hillsboro Road  City State Trunce of Disbursement Bank Fees Candidate Name  City State Prissident State: District:  Full Name (Last, First, Middle Initial)  B. Bank of America  Mailing Address 4011 Hillsboro Road  City State Prissident State: District:  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Trunce of Disbursement For:  Prissident Trunce of Disbursement For:  Prissiden		• • •															
A Bank of America  Mailing Address 4011 Hillsboro Road  City		Surgery Partners, Inc. Political Act	ion Com	mittee													
City   State   Zip Code   TN   37215   Transaction ID: \$B21B.4292   Amount of Each Disbursement   Disburseme	_	, , , , , , , , , , , , , , , , , , , ,					Date of District										
Mailing Address 4011 Hillsboro Road  City Nashvile Purpose of Disbursement Shark Fees Candidate Name  Office Sought: House President Shark of America  Mailing Address 4011 Hillsboro Road  City Nashvile Purpose of Disbursement Bank Fees Candidate Name  City Nashvile Purpose of Disbursement Bank Fees Candidate Name  City Nashvile Purpose of Disbursement Bank Fees Candidate Name  City Nashvile Purpose of Disbursement Bank Fees Candidate Name  City Nashvile Purpose of Disbursement State: District:  Full Name (Last, First, Middle Initial)  City State: District:  Candidate Name  Category Type  Category T	Α.	Bank of America						Date	וט זכ				V	V			
Nashville Purpose of Disbursement Bank Fees Candidate Name  Category/ Type  Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate Primary Category/ Nashville Disbursement Bank Fees Candidate Name  City Nashville Disbursement Bank Fees Candidate Name  City Nashville Disbursement Disbursem		Mailing Address 4011 Hillsboro Road						11	,			Ĺ					
Purpose of Disbursement Bank Fees  Candidate Name  Office Sought:		,						FEC I	denti	ificatio	n Nı	umber					
Candidate Name  Category/ Office Sought: House			IIN	37215	_					-							
Cardidate Name  Office Sought: House Senate Primary General Primary House State: District:  Full Name (Last, First, Middle Initial)  B. Bank of America  Mailing Address 4011 Hillsboro Road  City Nashville TN 37215  Purpose of Disbursement Bank Fees  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Primary General Primary General Disbursement this Period  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code Transaction 10 : SB218.4294  Amount of Each Disbursement this Period  Type  Office Sought: House Disbursement For: Senate Primary General Date of Disbursement  Full Name (Last, First, Middle Initial)  C. Category/ Type  Office Sought: House Disbursement For: Senate President Senate President General Disbursement For: Senate Primary General Disbursement For: Senate President Senate Primary General Disbursement For: Senate Primary General Disbursement For: Senate President District: Memo Item  Substorial Amount of Each Disbursement this Period Memo Item  Substorial Amount of Each Disbursement For: Memo Item  Substorial Amount of Each Disbursement this Period Memo Item  Substorial Amount of Each Disbursement this Period Memo Item  Substorial Amount of Each Disbursement this Period Memo Item  Substorial Amount of Each Disbursement this Period Memo Item		Bank Fees			Г.				one	ootion	ID.	CD24D	4202				
Office Sought:		Candidate Name			Cate	egory	//					-	-	Period			
Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. Bank of America  Mailing Address 4011 Hillsboro Road  City Nashville TN 37215  Purpose of Disbursement Bank Fees  Candidate Name  City State President Other (specify)  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Category/ Type  Office Sought: Ageneral Other (specify)  Memo Item  FEC Identification Number  Category/ Type  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement this Period  Fell Name (Last, First, Middle Initial)  C. Category/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: House Disbursement For: House Disbursement For: House Disbursement For: House Disbu		Office Sought: House Dishurs	mont For		Ту	уре			_	-	7		125.7	79			
State: District:				General					-	7		7	120.7	Ů			
State: District:  Full Name (Last, First, Middle Initial)  B. Bank of America  Mailing Address 4011 Hillsboro Road  City Nashville Purpose of Disbursement Bank Fees  Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Ct.  Mailing Address  City State  City State Primary General Office Sought: House Primary General Office Sought: Disbursement For: Category/ Type  Office Sought: House Purpose of Disbursement  Candidate Name  City State Disbursement  Category/ Type  Office Sought: House President Candidate Name  Other (specify)  State Disbursement For: Primary General Other (specify)  Memo Item  State: Disbursement This Page (optional)		President	_					М	emo	Item							
B. Bank of America    Mailing Address 4011 Hillsboro Road	_							ш									
Mailing Address 4011 Hillsboro Road  City Nashville Purpose of Disbursement Bank Fees Candidate Name  Office Sought: President State: District:  Full Name (Last, First, Middle Initial) C.  Mailing Address  City State  Disbursement For:  Category/ Type  Office Sought:  Mailing Address  City State  Disbursement For:  Category/ Type  Other (specify)  State  Disbursement For:  Category/ Type  Category/ Type  Category/ Type  Office Sought:  Memo Item  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Office Sought:  House Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought:  House President  Candidate Name  Office Sought:  House President Office Sought:  House President Office Sought:  House President Office Sought:  Memo Item  Subtrottal of Disbursement This Page (optional)	D							Doto	of Di	oburo	mai	n+					
Mailing Address 4011 Hillsboro Road    12	υ.	Bank of America															
Nashville Purpose of Disbursement Bank Fees Candidate Name  Category/ Type  Office Sought: House Primary General President  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Substitute  Substitute  Substitute  Substitute  Disbursement For: Senate Primary General Other (specify) ▼  Memo Item  Substitute  Substitute  Substitute  Substitute  Substitute  Substitute  Substitute  Substitute  Substitute  Amount of Each Disbursement this Period  Memo Item  Substitute  Memo Item		Mailing Address 4011 Hillsboro Road															
Purpose of Disbursement Bank Fees  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Category/ Type  Office Sought: House Primary General Other (specify)  State: District:  Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Senate Primary General Other (specify) Memo Item  State: District:  Substock Amount of Each Disbursement this Period  Memo Item  Substock Amount of Each Disbursement this Period  Memo Item  Substock Amount of Each Disbursement this Period  Memo Item  Substock Amount of Each Disbursement this Period  Memo Item  Substock Amount of Each Disbursement this Period  Memo Item		-		1 '				FEC I	denti	ificatio	n Nı	umber					
Bank Fees Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  City State Zip Code Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  State: District: Memo Item  State: Disbursement For:  Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)			IN	37215													
Candidate Name    Category/ Type		•			Г.		П										
Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Full Name (Last, First, Middle Initial)  C. Date of Disbursement  City State Zip Code Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District: Memo Item  Substituting Address  City State Zip Code FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Substituting Address  FEC Identification Number  Chamber Office Sought: House Disbursement For: Memo Item  Substituting Address  FEC Identification Number  Chamber Office Sought: House Disbursement For: Memo Item  Substituting Address  Amount of Each Disbursement this Period  Memo Item  351.20		Candidate Name			Cate	egory	//					_	-	Period			
Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Primary General Other (specify)   Senate Primary General Memo Item  State: District:  Substoctant State Size Senate Primary General Other (specify)   State: District: Memo Item		Office Cought: House Dishures			Ту	ype			-	-			225 /	11			
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  City  State  City  State  Candidate Name  Candidate Name  Disbursement  Candidate Name  Disbursement  Category/ Type  Office Sought:  House Senate Primary Other (specify)  Memo Item  Memo Item  Amount of Each Disbursement this Period  Other (specify)  Memo Item  351.20									223.41								
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Candidate Name  Category/  Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Substock Amount of Each Disbursement this Period  Memo Item  351.20		President	_	Other (specify)						Mama ham							
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  MMM / PD / YYYYYY  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  351.20		State: District:						Misuro Ifatti									
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)	_	Full Name (Last, First, Middle Initial)						Data (	of Di	ehurea	mar	nt					
City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substitute: Memo Item  351.20	Ο.								_				Y	Y			
Purpose of Disbursement  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Subtrotal of Disbursements This Page (optional)		Mailing Address						L.		L		Ĺ					
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrict: Memo Item  351.20		City	State	Zip Code				FEC I	denti	ificatio	n Nı	umber					
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)																	
Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substrict: Memo Item									-	_	_						
Senate Primary General Other (specify) ▼  State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)		Category/						Amount of Each Disbursement						Period			
State: Other (specify)   Subtrotal of Disbursements This Page (optional)	Senate Primary General												1 40				
State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)																	
SUBTOTAL of Disbursements This Page (optional)									emo	Item							
2177.25	Г								-	-		-					
TOTAL This Period (last page this line number only)	s	UBTOTAL of Disbursements This Page (optional)					<b>•</b>		_			-	351.	20			
	<b>-</b>	OTAL This Poriod (last page this line number only	۸				_	Π.					2177.	35			

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10
FOR LINE NUMBER: (check only one)

	9
X	10

10

10 OF

NAME OF COMMITTEE (In Full) Surgery Partners, Inc. Political Action Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Repayment of corporate contribution reported Surgery Partners, Inc. in 4/15/18 Qtrly Report;in reply to FEC 10/17/18 letter Mailing Address 310 Seven Springs Way Suite 500 City State Zip Code **Brentwood** TN 37027 Transaction ID: SD10.4256 Outstanding Balance Beginning This Period 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 5000.00 1) SUBTOTALS This Period This Page (optional)..... 5000.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 5000.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶