

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 06 08 2010 in the State of CA  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 04 01 2010 through 05 19 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Richard L. Sharff, Jr.  
Signature of Treasurer Electronically Filed by Richard L. Sharff, Jr. Date 05 26 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		27846.94
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	23958.29									
(c) Total Receipts (from Line 19) .....	4095.34	10206.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	28053.63	38053.63								
7. Total Disbursements (from Line 31) .....	9000.00	19000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19053.63	19053.63								
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) .....	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From:    To:

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) .....	3022.00	6466.00
(ii) Unitemized .....	1069.50	3723.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4091.50	10189.50
(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) .....	4091.50	10189.50
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.) .....	3.84	17.19
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4095.34	10206.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4095.34	10206.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	9000.00	19000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9000.00	19000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	19000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	4091.50	10189.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4091.50	10189.50
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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<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	

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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Sandra K. Bunch		Date of Receipt
	Mailing Address 2890 Dauphin Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mobile	AL	36606
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4538
Name of Employer Surgical Care Affiliates		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 75.00
			Payroll deduction \$25 bi-weekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Ann L. Dugan		Date of Receipt
	Mailing Address 1526 Atwood Avenue Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Johnson	RI	02919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4543
Name of Employer Surgical Care Affiliates		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 75.00
			Payroll deduction \$25 bi-weekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Viva Elia		Date of Receipt
	Mailing Address 2714 W. Canyon Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4544
Name of Employer Surgical Care Affiliates		Occupation VP - Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 693.00	<input type="text"/> 231.00
			Payroll deduction \$77 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>381.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard T. Lewis		Date of Receipt
	Mailing Address 3123 Professional Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 19 / 2010
	City	State	Zip Code
	Auburn	CA	95603
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4554
Name of Employer Surgical Care Affiliates		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 75.00
			Payroll deduction \$25 bi-weekly

<b>B.</b>	Full Name (Last, First, Middle Initial) James C. Llewellyn		Date of Receipt
	Mailing Address 3000 Riverchase Galleria, Ste 500		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 19 / 2010
	City	State	Zip Code
	Birmingham	AL	35244
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4555
Name of Employer Surgical Care Affiliates		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 693.00	<input type="text"/> 231.00
			Payroll deduction \$77 bi-weekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Mathis		Date of Receipt
	Mailing Address 3000 Riverchase Galleria Suite 500		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 19 / 2010
	City	State	Zip Code
	Birmingham	AL	35244
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4558
Name of Employer Surgical Care Affiliates		Occupation VP Strategy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 75.00
			Payroll deduction \$25 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>381.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 10

(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)  
William J Pethick

Mailing Address 6310 1111 Way NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Occupation  
Surgical Care Affiliates Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.4532

Amount of Each Receipt this Period  
1000.00

Political contribution - one time

B.

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

Mailing Address 1400 McFarland Blvd., N.

City State Zip Code  
Tuscaloosa AL 35406

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

Name of Employer Occupation  
Surgical Care Affiliates Region VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.4561

Amount of Each Receipt this Period  
150.00

Payroll deduction \$50 bi-weekly

C.

Full Name (Last, First, Middle Initial)  
Michael A. Rucker

Mailing Address 4800 Hampton Lane

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Occupation  
Surgical Care Affiliates Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1755.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.4565

Amount of Each Receipt this Period  
585.00

Payroll deduction \$195 bi-weekly

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

1735.00

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 / 10  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 1125.00

Date of Receipt 05 / 19 / 2010  
Transaction ID: SA11AI.4567  
Amount of Each Receipt this Period 375.00  
Payroll deduction \$125 bi-weekly

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

Mailing Address 2259 Foxboro Lane

City Napierville State IL Zip Code 60564

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 ▼ 450.00

Date of Receipt 05 / 19 / 2010  
Transaction ID: SA11AI.4569  
Amount of Each Receipt this Period 150.00  
Payroll deduction \$50 bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 525.00

**TOTAL** This Period (last page this line number only) ..... ► 3022.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

<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

<b>A.</b> Full Name (Last, First, Middle Initial) CARPER FOR SENATE <hr/> Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR <hr/> City NEW CASTLE State DE Zip Code 19720 <hr/> Purpose of Disbursement Political contribution Candidate Name THOMAS R CARPER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4528 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS <hr/> Mailing Address 6520 Village Parkway Second Floor <hr/> City Dublin State CA Zip Code 94568 <hr/> Purpose of Disbursement Political contribution Candidate Name JERRY MCNERNEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4529 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00

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

9000.00

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

9000.00