

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 BIRMINGHAM AL 35209

Check if different than previously reported. (ACC)

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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

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 Richard L. Sharff Jr. [Electronically Filed] Date 07 / 30 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>		49161.74
(b) Cash on Hand at Beginning of Reporting Period.....	49161.74	
(c) Total Receipts (from Line 19)	27578.15	27578.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76739.89	76739.89
7. Total Disbursements (from Line 31).....	16000.00	16000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	60739.89	60739.89
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. 06/2004)

Page 3

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).....	18485.10	18485.10
(ii) Unitemized	9068.93	9068.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27554.03	27554.03
(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)	27554.03	27554.03
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	24.12	24.12
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))..... ▶	27578.15	27578.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27578.15	27578.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	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	9000.00
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	7000.00	7000.00
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)) ..	16000.00	16000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	16000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	27554.03	27554.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27554.03	27554.03
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 OF 22
<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

A. Jacquelin Belcher
Full Name (Last, First, Middle Initial)

Mailing Address 529 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

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

Name of Employer Surgical Care Affiliates Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5160

Amount of Each Receipt this Period
247.00

Payroll deduction \$19.00 biweekly

B. Mary Beth Brust
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5170

Amount of Each Receipt this Period
260.00

Payroll deduction \$20.00 biweekly

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

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 Surgical Care Affiliates Occupation Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5171

Amount of Each Receipt this Period
260.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	767.00
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 22
(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. Timothy M. Buono
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Dorlon Pt.
 City Norwalk State CT Zip Code 06855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Care Affiliates Occupation VP of Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2015
Transaction ID : SA11AI.5131
 Amount of Each Receipt this Period 1000.00

B. Vicki Burns
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5175
 Amount of Each Receipt this Period 247.00
 Payroll deduction \$19.00 biweekly

C. Ajay Chokski
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Group Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5177
 Amount of Each Receipt this Period 650.00
 Payroll deduction \$50.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1897.00
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 8 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Peter J. Clemens
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1499.95

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5178

Amount of Each Receipt this Period
1499.95

Payroll deduction \$115.38 biweekly

B. Joseph E. Colbert
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5179

Amount of Each Receipt this Period
260.00

Payroll deduction \$20.00 biweekly

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

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5181

Amount of Each Receipt this Period
247.00

Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2006.95

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 22
(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 (Last, First, Middle Initial)
A. Thomas Dixon

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 Surgical Care Affiliates Occupation VP, Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : SA11AI.5191

Amount of Each Receipt this Period
 325.00

Payroll deduction \$25.00 biweekly

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

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 Surgical Care Affiliates Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 855.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : SA11AI.5194

Amount of Each Receipt this Period
 855.00

Payroll deduction \$95.00 biweekly

Full Name (Last, First, Middle Initial)
C. Ann L. Dugan

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 Surgical Care Affiliates Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : SA11AI.5196

Amount of Each Receipt this Period
 325.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1505.00

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 10 OF 22
	<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

Full Name (Last, First, Middle Initial) A. Marie Edler		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.5197
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 325.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation SDR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Payroll deduction \$25.00 biweekly		

Full Name (Last, First, Middle Initial) B. Viva Elia		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.5199
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 1001.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	
Payroll deduction \$77.00 biweekly		

Full Name (Last, First, Middle Initial) C. Christian D. Ellison		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.5202
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 1495.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1495.00	
Payroll deduction \$115.00 biweekly		

SUBTOTAL of Receipts This Page (optional).....▶	2821.00
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 22
<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. Margaret George
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5215

Amount of Each Receipt this Period
260.00

Payroll deduction \$20.00 biweekly

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

Mailing Address 569 Brookwood Village
Suite 901

City Birminghamma State AL Zip Code 35209

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

Name of Employer Surgical Care Affiliates Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5216

Amount of Each Receipt this Period
325.00

Payroll deduction \$25.00 biweekly

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

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 Surgical Care Affiliates Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5225

Amount of Each Receipt this Period
260.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	845.00
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 12 OF 22
(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. Jenifer S. Kimbrough
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5228

Amount of Each Receipt this Period
390.00

Payroll deduction \$30.00 biweekly

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

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5229

Amount of Each Receipt this Period
260.00

Payroll deduction \$20.00 biweekly

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

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5234

Amount of Each Receipt this Period
247.00

Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶ 897.00

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 13 OF 22
<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. Thomas J. Lally
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5236

Amount of Each Receipt this Period
260.00

Payroll deduction \$20.00 biweekly

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

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5245

Amount of Each Receipt this Period
325.00

Payroll deduction \$25.00 biweekly

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

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 Surgical Care Affiliates Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5248

Amount of Each Receipt this Period
260.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 845.00

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 14 OF 22
(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. Brian Mathis
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5246

Amount of Each Receipt this Period
325.00

Payroll deduction \$25.00 biweekly

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

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 Surgical Care Affiliates Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5256

Amount of Each Receipt this Period
325.00

Payroll deduction \$25.00 biweekly

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

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 Surgical Care Affiliates Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5267

Amount of Each Receipt this Period
325.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 975.00

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 15 OF 22
(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. Louise M Pace
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5268
 Amount of Each Receipt this Period 260.00
 Payroll deduction \$20.00 biweekly

B. William J. Pethick
 Full Name (Last, First, Middle Initial)
 Mailing Address 6310 111th St. NW
 City Gig Harbor State WA Zip Code 98332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Care Affiliates, LLC Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2015
Transaction ID : SA11AI.5133
 Amount of Each Receipt this Period 500.00

C. Phillip R. Prince
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5272
 Amount of Each Receipt this Period 260.00
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ► 1020.00
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 16 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A. Cory P Roberts
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation VP, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 06 / 30 / 2015
Transaction ID : SA11AI.5277
 Amount of Each Receipt this Period 499.98
 Payroll deduction \$38.46 biweekly

B. Andrew J. Rosen
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : SA11AI.5279
 Amount of Each Receipt this Period 325.00
 Payroll deduction \$25.00 biweekly

C. Michael A. Rucker
 Full Name (Last, First, Middle Initial)
 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 Surgical Care Affiliates Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 06 / 30 / 2015
Transaction ID : SA11AI.5280
 Amount of Each Receipt this Period 749.97
 Payroll deduction \$57.69 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	1574.95
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 17 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Kelli Ruiz		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.5281
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 325.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C		Payroll deduction \$25.00 biweekly
Name of Employer Surgical Care Affiliates	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Richard L. Sharff Jr.		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.5285
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 1394.20
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C		Payroll deduction \$96.15 biweekly
Name of Employer Surgical Care Affiliates	Occupation EVP & Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1394.20	

Full Name (Last, First, Middle Initial) C. Brian K. Shelton		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.5286
Mailing Address 569 Brookwood Village Suite 901		Amount of Each Receipt this Period 325.00
City Birmingham	State AL	Zip Code 35209
FEC ID number of contributing federal political committee. C		Payroll deduction \$25.00 biweekly
Name of Employer Surgical Care Affiliates	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	2044.20
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 22
(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. Jason J. Strauss
Full Name (Last, First, Middle Initial)

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 Surgical Care Affiliates Occupation Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5300

Amount of Each Receipt this Period
1040.00

Payroll deduction \$80.00 biweekly

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

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 Surgical Care Affiliate Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5303

Amount of Each Receipt this Period
247.00

Payroll deduction \$19.00 biweekly

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).....▶	1287.00
TOTAL This Period (last page this line number only).....▶	18485.10

**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. BRAVE PAC

Mailing Address 499 S. CAPITOL ST, SW
SUITE 404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SB23.5334

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MCCARTHY VICTORY FUND 2014

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: CA District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : SB23.5142

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : SB23.5139

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. MIKE CRAPO FOR US SENATE

Mailing Address P.O. BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

MICHAEL D CRAPO

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: ID District: 00

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : SB23.5145

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

500.00

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

9000.00

**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 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 checked="" 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. FLORIDA CONSERVATIVE ALLIANCE PAC

Mailing Address 115 EAST PARK AVE
SUITE 1

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : SB29.5328

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. INNOVATE FLORIDA PAC

Mailing Address 610 SOUTH BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2015

Transaction ID : SB29.5330

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. REPRESENTATIVE HEATHER FITZENHAGEN

Mailing Address P.O. BOX 9243

City FORT MYERS State FL Zip Code 33902

Purpose of Disbursement
Contribution

011

Candidate Name

HEATHER FITZENHAGEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : SB29.5323

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. REPRESENTATIVE JASON BRODEUR

Mailing Address P.O. BOX 471

City SANFORD State FL Zip Code 32772

Purpose of Disbursement
Contribution

011

Candidate Name

JASON BRODEUR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

Transaction ID : SB29.5318

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

7000.00
