

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.
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

 Check if different than previously reported. (ACC) -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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 / /

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)

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="2011"/>	<input type="text" value="26310.13"/>	<input type="text" value="26310.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21521.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26521.69"/>	<input type="text" value="42548.40"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="48043.59"/>	<input type="text" value="68858.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29638.67"/>	<input type="text" value="50453.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18404.92"/>	<input type="text" value="18404.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / 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).....	18412.00	30928.00
(ii) Unitemized	350.00	3836.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18762.00	34764.00
(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)	18762.00	34764.00
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).....	7739.29	7739.29
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20.40	45.11
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))..... ▶	26521.69	42548.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26521.69	42548.40

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	138.67	7883.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	138.67	7883.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	42500.00
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	70.00
(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	70.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29638.67	50453.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29638.67	50453.61

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)	18762.00	34764.00
34. Total Contribution Refunds (from Line 28(d))	0.00	70.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18762.00	34694.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	138.67	7883.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	7739.29	7739.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-7600.62	144.32

**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 27
	<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. Geoff J. Abbott
Full Name (Last, First, Middle Initial)

Mailing Address 1 South 224 Summitt
Suite 201

City State Zip Code
Oakbrook IL 60181

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

Name of Employer Occupation
Surgical Care Affiliates Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2011
Transaction ID : SA11AI.5015

Amount of Each Receipt this Period
140.00

Payroll deduction - \$10 bi-weekly

B. Robyn F. Archer
Full Name (Last, First, Middle Initial)

Mailing Address 617 E. 39th South

City State Zip Code
Salt Lake City UT 84107

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

Name of Employer Occupation
Surgical Care Affiliates Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2011
Transaction ID : SA11AI.5018

Amount of Each Receipt this Period
140.00

Payroll deduction - \$10 bi-weekly

C. Melanie R. Boles
Full Name (Last, First, Middle Initial)

Mailing Address 108 Financial Drive

City State Zip Code
Lexington KY 42701

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

Name of Employer Occupation
Surgical Care Affiliates Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
12 / 31 / 2011
Transaction ID : SA11AI.5020

Amount of Each Receipt this Period
280.00

Payroll deduction - \$20 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 560.00

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 7 OF 27
<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

Full Name (Last, First, Middle Initial) A. Richard T. Brisson		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5023
Mailing Address 2690 Lake Park Drive		Amount of Each Receipt this Period 210.00
City North Charleston	State SC	Zip Code 29406
FEC ID number of contributing federal political committee. C		Payroll deduction - \$15 bi-weekly
Name of Employer Surgical Care Affiliates	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Sandra K. Bunch		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5024
Mailing Address 2890 Dauphin Street		Amount of Each Receipt this Period 350.00
City Mobile	State AL	Zip Code 36606
FEC ID number of contributing federal political committee. C		Payroll deduction - \$25 bi-weekly
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 ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Vicki Burns		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5026
Mailing Address 4005 Dupont Circle		Amount of Each Receipt this Period 266.00
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C		Payroll deduction - \$19 bi-weekly
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 ▼ 494.00	

SUBTOTAL of Receipts This Page (optional).....▶	826.00
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 27
<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

Full Name (Last, First, Middle Initial) A. Joseph E. Colbert		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5027
Mailing Address 3903 Waring Road		Amount of Each Receipt this Period 140.00
City Oceanside	State CA	Zip Code 92056
FEC ID number of contributing federal political committee. C		Payroll deduction - \$10 bi-weekly
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Kelli Collins		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5029
Mailing Address 3812 N. Elm Street		Amount of Each Receipt this Period 266.00
City Greensboro	State NC	Zip Code 27455
FEC ID number of contributing federal political committee. C		Payroll deduction - \$19 bi-weekly
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 ▼ 494.00	

Full Name (Last, First, Middle Initial) C. Stephanie Cox		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5030
Mailing Address 8465 Regents Road, # 318		Amount of Each Receipt this Period 140.00
City San Diego	State CA	Zip Code 92122
FEC ID number of contributing federal political committee. C		Payroll deduction - \$10 bi-weekly
Name of Employer Surgical Care Affiliates	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	546.00
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 9 OF 27
<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. Elizabeth A. Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2056 Aloma Avenue
 Suite 200
 City Winter Park State FL Zip Code 32792
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.5031
 Amount of Each Receipt this Period 140.00
 Payroll deduction - \$10 bi-weekly

B. Ann L. Dugan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1526 Atwood Avenue
 Suite 300
 City Johnson State RI Zip Code 02919
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.5032
 Amount of Each Receipt this Period 350.00
 Payroll deduction - \$25 bi-weekly

C. Viva Elia
 Full Name (Last, First, Middle Initial)
 Mailing Address 2714 W. Canyon Avenue
 City San Diego State CA Zip Code 92123
 Name of Employer Surgical Care Affiliates Occupation VP - Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2002.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.5034
 Amount of Each Receipt this Period 1078.00
 Payroll deduction - \$77 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	1568.00
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 27
<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. Karen S. Fillner
 Full Name (Last, First, Middle Initial)
 Mailing Address 940 N. 30th Street
 City State Zip Code
 Billings MT 59101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Surgical Care Affiliates Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.5035
 Amount of Each Receipt this Period
 140.00
 Payroll deduction - \$10 bi-weekly

B. Paula Fink
 Full Name (Last, First, Middle Initial)
 Mailing Address 2329 Harvest Vista Lane
 City State Zip Code
 Tallbrook CA 92028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Surgical Care Affiliates BOM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.5036
 Amount of Each Receipt this Period
 140.00
 Payroll deduction - \$10 bi-weekly

c. Diana M. Geoghegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 N. 64th Street
 City State Zip Code
 Belleville IL 62223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Surgical Care Affiliates Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.5037
 Amount of Each Receipt this Period
 140.00
 Payroll deduction - \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 27
<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. Connie J. Harvey
Full Name (Last, First, Middle Initial)
Mailing Address 73 Sandpit Road
City Danbury State CT Zip Code 06810
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 **12 / 31 / 2011**
Transaction ID : SA11AI.5038
Amount of Each Receipt this Period **140.00**
Payroll deduction - \$10 bi-weekly

B. Andrew P. Hayek
Full Name (Last, First, Middle Initial)
Mailing Address 500 Adams Avenue
City Glencoe State IL Zip Code 60022
FEC ID number of contributing federal political committee. **C**
Name of Employer Surgical Care Affiliates Occupation President and CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **4000.00**

Date of Receipt **11 / 16 / 2011**
Transaction ID : SA11AI.4961
Amount of Each Receipt this Period **4000.00**
Political contribution - one-time

C. Jenny M. Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 900 W. Magnolia Avenue Suite 101
City Ft, Worth State TX Zip Code 76104
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 **12 / 31 / 2011**
Transaction ID : SA11AI.5039
Amount of Each Receipt this Period **140.00**
Payroll deduction - \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	4280.00
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 12 OF 27
<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. Roberto Jardeleza
Full Name (Last, First, Middle Initial)

Mailing Address 2444 Central Park Avenue

City Evanston State IL Zip Code 60201

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

Name of Employer Surgical Care Affiliates Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1520.00**

Date of Receipt **12 / 31 / 2011**

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period **1120.00**

Payroll deduction - \$80 bi-weekly

B. Jenifer A Kimbrough
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Riverchase Galleria, Ste 500

City Birmingham State AL Zip Code 35244

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 ▼ **780.00**

Date of Receipt **12 / 31 / 2011**

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period **420.00**

Payroll deduction - \$30 bi-weekly

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

Mailing Address 200 Bessemer Road

City Mt. Pleasant State PA Zip Code 15666

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 **12 / 31 / 2011**

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period **140.00**

Payroll deduction - \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	1680.00
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 27
	<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

A. Joy Kurosaka
 Full Name (Last, First, Middle Initial)
 Mailing Address 10950 Evening Creek Drive E, #135
 City San Diego State CA Zip Code 92128
 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 **494.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : SA11AI.5043
 Amount of Each Receipt this Period **266.00**
 Payroll deduction - \$19 bi-weekly

B. Richard T. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Professional Drive
 City Auburn State CA Zip Code 95603
 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 **650.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : SA11AI.5045
 Amount of Each Receipt this Period **350.00**
 Payroll deduction - \$25 bi-weekly

C. James C. Llewellyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria, Ste 500
 City Birmingham State AL Zip Code 35244
 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 **12 / 31 / 2011**
Transaction ID : SA11AI.5046
 Amount of Each Receipt this Period **25.00**
 Payroll deduction - \$25 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	641.00
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 14 OF 27
	<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. Debbie L. Loeffler
Full Name (Last, First, Middle Initial)

Mailing Address 4545 Emerson Expressway

City Jacksonville State FL Zip Code 32207

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period
 140.00

Payroll deduction - \$10 bi-weekly

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

Mailing Address 2040 Harvest Drive

City Mechanicsburg State PA Zip Code 17055

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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.5048

Amount of Each Receipt this Period
 350.00

Payroll deduction - \$25 bi-weekly

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

Mailing Address 17787 Del Paso Drive

City Poway State CA Zip Code 92064

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

Name of Employer Surgical Care Affiliates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period
 200.00

Distribution deduction - \$100 quarterly

SUBTOTAL of Receipts This Page (optional)..... ▶ 690.00

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 15 OF 27
<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

Full Name (Last, First, Middle Initial) A. Brian Mathis		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5050
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 350.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C	Payroll deduction - \$25 bi-weekly	
Name of Employer Surgical Care Affiliates	Occupation VP Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Bryan Olson		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5051
Mailing Address 1500 Greystone Parc Circle		Amount of Each Receipt this Period 350.00
City Birmingham	State AL	Zip Code 35242
FEC ID number of contributing federal political committee. C	Payroll deduction - \$25 bi-weekly	
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 ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Diane A. Phelps		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5052
Mailing Address 614 E. Chestnut Street		Amount of Each Receipt this Period 260.00
City Louisville	State KY	Zip Code 40202
FEC ID number of contributing federal political committee. C	Payroll deduction - \$20 bi-weekly	
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	960.00
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 27
	<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. Holly C. Ramey
Full Name (Last, First, Middle Initial)

Mailing Address 1400 McFarland Blvd., N.

City Tuscaloosa State AL Zip Code 35406

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

Name of Employer Surgical Care Affiliates Occupation Region VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.5053

Amount of Each Receipt this Period
200.00

Payroll deduction - \$50 bi-weekly

B. Peggy L. Rhoads
Full Name (Last, First, Middle Initial)

Mailing Address 2001 W. Rosedale Street

City Ft. Worth State TX Zip Code 76104

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

Name of Employer Surgical Care Affiliates Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.5054

Amount of Each Receipt this Period
140.00

Payroll deduction - \$10 bi-weekly

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

Mailing Address 100 Retreat Avenue Suite 100

City Hartford State CT Zip Code 06106

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.5055

Amount of Each Receipt this Period
140.00

Payroll deduction - \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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 17 OF 27
	<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. Larry W. Rodabaugh		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5056
Mailing Address 205 Grandview Avenue Suite 101		Amount of Each Receipt this Period 140.00
City Camp Hill	State PA	Zip Code 17011
FEC ID number of contributing federal political committee. C	Payroll deduction - \$10 bi-weekly	
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Michael A. Rucker		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5057
Mailing Address 4800 Hampton Lane		Amount of Each Receipt this Period 1890.00
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C	Payroll deduction - \$135 bi-weekly	
Name of Employer Surgical Care Affiliates	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3930.00	

Full Name (Last, First, Middle Initial) C. Kelli Ruiz		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5058
Mailing Address 13822 Laurinda Way		Amount of Each Receipt this Period 266.00
City Santa Ana	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C	Payroll deduction - \$19 bi-weekly	
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 ▼ 494.00	

SUBTOTAL of Receipts This Page (optional).....▶	2296.00
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 18 OF 27
<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

Full Name (Last, First, Middle Initial) A. Gwenyth L. Schmitz		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5059
Mailing Address 20998 Redwood Road		Amount of Each Receipt this Period 210.00
City Castro Valley	State CA	Zip Code 04546
FEC ID number of contributing federal political committee. C		Payroll deduction - \$15 bi-weekly
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 ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Richard L. Sharff Jr.		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5060
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 1750.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction - \$125 bi-weekly
Name of Employer Surgical Care Affiliates	Occupation EVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3250.00	

Full Name (Last, First, Middle Initial) C. Derald W. Smith		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5061
Mailing Address 5328 Didesse Drive		Amount of Each Receipt this Period 175.00
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Payroll deduction - \$12.50 bi-weekly
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	

SUBTOTAL of Receipts This Page (optional).....▶	2135.00
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 19 OF 27
	<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

Full Name (Last, First, Middle Initial) A. Francis G. Socash		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5062
Mailing Address 2259 Foxboro Lane		Amount of Each Receipt this Period 700.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
		Payroll deduction - \$50 bi-weekly

Full Name (Last, First, Middle Initial) B. Susan Sorg		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5063
Mailing Address 330 N Madison Street		Amount of Each Receipt this Period 210.00
City Joliette	State IL	Zip Code 60435
FEC ID number of contributing federal political committee. C	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 ▼ 390.00	
		Payroll deduction - \$15 bi-weekly

Full Name (Last, First, Middle Initial) C. Jeanette Stack		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5064
Mailing Address 1526 Northway Drive		Amount of Each Receipt this Period 210.00
City St. Cloud	State MN	Zip Code 56303
FEC ID number of contributing federal political committee. C	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 ▼ 390.00	
		Payroll deduction - \$15 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 27
(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)
Carla F. Stephanie

Mailing Address 1526 Northway Drive

City State Zip Code
 St. Cloud MN 56303

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

Name of Employer Occupation
 Surgical Care Affiliates Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period
 210.00

Payroll deduction - \$15 bi-weekly

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	18412.00

**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 21 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Surgical Care Affiliates, LLC

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7739.29

Date of Receipt
MM / DD / YYYY
07 / 05 / 2011

Transaction ID : SA15.5074

Amount of Each Receipt this Period
7739.29

Return of 6/3/11 reimbursement of PAC-related administrative expenses

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	7739.29
TOTAL This Period (last page this line number only).....	7739.29

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

Form/Schedule: SA15

Transaction ID : SA15.5074

See Form 99, filed July 28, 2011, for explanation

Form/Schedule:

Transaction ID:

**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. ALAMO PAC

Mailing Address 919 CONGRESS AVE SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
Political contribution

011

Candidate Name

JOHN CORNYN

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2011

Transaction ID : SB23.4973

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Political contribution

011

Candidate Name

SHELLEY BERKLEY

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2011

Transaction ID : SB23.5012

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILL NELSON FOR U S SENATE

Mailing Address 500 RED SAIL WAY

City SATELITE BEACH State FL Zip Code 32937

Purpose of Disbursement
Political contribution

011

Candidate Name

BILL NELSON

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2011

Transaction ID : SB23.5013

Amount of Each Disbursement this Period

2500.00

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

7500.00

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. CASTOR FOR CONGRESS

Mailing Address 301 W. PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
Political contribution

011

Candidate Name

KATHY CASTOR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2011

Transaction ID : SB23.5008

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Political contribution

011

Candidate Name

DAVID LEE CAMP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2011

Transaction ID : SB23.5005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Political contribution

011

Candidate Name

DAVID LEE CAMP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2011

Transaction ID : SB23.5006

Amount of Each Disbursement this Period

2500.00

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 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. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
Political contribution

011

Candidate Name

DIANE L MRS. BLACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2011

Transaction ID : **SB23.4985**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FEINSTEIN FOR SENATE

Mailing Address 1801 AVENUE OF THE STARS SUITE 829

City State Zip Code
LOS ANGELES CA 90067

Purpose of Disbursement
Political contribution

011

Candidate Name

DIANNE FEINSTEIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 00

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2011

Transaction ID : **SB23.5011**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City State Zip Code
UNIONVILLE PA 19375

Purpose of Disbursement
Political contribution

011

Candidate Name

JOSEPH R. PITTS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2011

Transaction ID : **SB23.5004**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Political contribution

011

Candidate Name

SHERROD BROWN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

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

Transaction ID : **SB23.5003**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
Political contribution

011

Candidate Name

PETE SESSIONS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

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

Transaction ID : **SB23.4981**

Amount of Each Disbursement this Period

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

C. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement
Political contribution

011

Candidate Name

STEVE MR. STIVERS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

Transaction ID : **SB23.5010**

Amount of Each Disbursement this Period

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

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

4	5	0	0	.	0	0
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4	5	0	0	.	0	0
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