

**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="2012"/>	<input type="text" value="18204.92"/>	<input type="text" value="18204.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15744.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5939.95"/>	<input type="text" value="11979.20"/>
(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="21684.12"/>	<input type="text" value="30184.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12587.97"/>	<input type="text" value="21087.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9096.15"/>	<input type="text" value="9096.15"/>
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).....	4528.00	7180.00
(ii) Unitemized	1320.00	4701.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5848.00	11881.00
(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)	5848.00	11881.00
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).....	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.).....	91.95	98.20
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))..... ▶	5939.95	11979.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5939.95	11979.20

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	87.97	87.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	87.97	87.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	21000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12587.97	21087.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12587.97	21087.97

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)	5848.00	11881.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5848.00	11881.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	87.97	87.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	87.97	87.97

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Jeffrey Aiken
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Riverchase Galleria, Ste 500

City	State	Zip Code
Birmingham	AL	35244

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

Name of Employer	Occupation
Surgical Care Affiliates	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5199

Amount of Each Receipt this Period
120.00

Payroll deduction - \$20 bi-weekly

B. 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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5201

Amount of Each Receipt this Period
120.00

Payroll deduction - \$20 bi-weekly

C. Sandra K. Bunch
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Dauphin Street

City	State	Zip Code
Mobile	AL	36606

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.5203

Amount of Each Receipt this Period
150.00

Payroll deduction - \$25 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 13
	<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. Vicki Burns		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5204
Mailing Address 4005 Dupont Circle		Amount of Each Receipt this Period 114.00
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 ▼ 228.00	

Full Name (Last, First, Middle Initial) B. Kelli Collins		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5206
Mailing Address 3812 N. Elm Street		Amount of Each Receipt this Period 114.00
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 ▼ 228.00	

Full Name (Last, First, Middle Initial) C. Ann L. Dugan		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5209
Mailing Address 1526 Atwood Avenue Suite 300		Amount of Each Receipt this Period 150.00
City Johnson	State RI	Zip Code 02919
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	378.00
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 8 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Viva Elia		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5210
Mailing Address 2714 W. Canyon Avenue		Amount of Each Receipt this Period 462.00
City San Diego	State CA	Zip Code 92123
FEC ID number of contributing federal political committee. C		Payroll deduction - \$77 b-weekly
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 ▼ 924.00	

Full Name (Last, First, Middle Initial) B. Roberto Jardeleza		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5216
Mailing Address 2444 Central Park Avenue		Amount of Each Receipt this Period 480.00
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Payroll deduction - \$80 bi-weekly
Name of Employer Surgical Care Affiliates	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) C. Jenifer A Kimbrough		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5217
Mailing Address 3000 Riverchase Galleria, Ste 500		Amount of Each Receipt this Period 180.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction - \$30 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 ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	1122.00
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 13
	<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	<input type="checkbox"/> 17

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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	State	Zip Code
San Diego	CA	92128

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 ▼ **228.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.5219

Amount of Each Receipt this Period

114.00

Payroll deduction - \$19 bi-weekly

B. Richard T. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Professional Drive

City	State	Zip Code
Auburn	CA	95603

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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period

100.00

Payroll deduction - \$25 bi-weekly

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

Mailing Address 2040 Harvest Drive

City	State	Zip Code
Mechanicsburg	PA	17055

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

Name of Employer	Occupation
Surgical Care Affiliates	VP - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.5223

Amount of Each Receipt this Period

150.00

Payroll deduction - \$25 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	364.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 13
(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. Brian Mathis

Mailing Address 3000 Riverchase Galleria
 Suite 500

City Birmingham State AL Zip Code 35244

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

Name of Employer Surgical Care Affiliates Occupation VP Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : SA11AI.5224

Amount of Each Receipt this Period
 150.00

Payroll deduction - \$25 bi-weekly

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

Mailing Address 1500 Greystone Parc Circle

City Birmingham State AL Zip Code 35242

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 ▼
 300.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : SA11AI.5225

Amount of Each Receipt this Period
 150.00

Payroll deduction - \$25 bi-weekly

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

Mailing Address 4800 Hampton Lane

City Bethesda State MD Zip Code 20814

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 ▼
 1620.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : SA11AI.5228

Amount of Each Receipt this Period
 810.00

Payroll deduction - \$135 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1110.00

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 13
	<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	<input type="checkbox"/> 17

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

A. Kelli Ruiz
Full Name (Last, First, Middle Initial)

Mailing Address 13822 Laurinda Way

City Santa Ana State CA Zip Code 92705

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 ▼ **228.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.5229

Amount of Each Receipt this Period **114.00**

Payroll deduction - \$19 bi-weekly

B. Richard L. Sharff Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Riverchase Galleria Suite 500

City Birmingham State AL Zip Code 35244

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

Name of Employer Surgical Care Affiliates Occupation EVP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.5231

Amount of Each Receipt this Period **750.00**

Payroll deduction - \$125 bi-weekly

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

Mailing Address 2259 Foxboro Lane

City Naperville State IL Zip Code 60564

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

Name of Employer Surgical Care Affiliates Occupation VP - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.5233

Amount of Each Receipt this Period **300.00**

Payroll deduction - \$50 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	1164.00
TOTAL This Period (last page this line number only).....	4528.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BLUMENTHAL FOR SENATE

Mailing Address C/O CACACE TUSCH & SANTAGATA
777 SUMMER ST SUITE 103

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement
Political contribution - fundraiser

011

Candidate Name

RICHARD BLUMENTHAL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	2

Transaction ID : **SB23.5193**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF NAN HAYWORTH

Mailing Address P.O. BOX 188

City CARMEL State NY Zip Code 10512

Purpose of Disbursement
Political contribution - fundraiser

011

Candidate Name

NAN HAYWORTH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	2

Transaction ID : **SB23.5194**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

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
Political contribution - fundraiser

011

Candidate Name

MICHAEL C. DR. BURGESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

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

Transaction ID : **SB23.5192**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

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

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

7	5	0	0	0	0
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2	5	0	0	0	0
---	---	---	---	---	---

**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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
political contribution - Healthcare Roundtable Discussion

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

Transaction ID : SB23.5197

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SCHWEIKERT FOR CONGRESS

Mailing Address 8776 E SHEA BLVD, SUITE B3A-626

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
Political contribution - fundraiser

011

Candidate Name

DAVID SCHWEIKERT

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: AZ District: 06

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : SB23.5195

Amount of Each Disbursement this Period

2500.00

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)..... ▶

5000.00

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

12500.00