

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="2014"/>	<input type="text" value="23060.21"/>	<input type="text" value="23060.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36294.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11361.90"/>	<input type="text" value="37596.48"/>
(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="47656.69"/>	<input type="text" value="60656.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14500.00"/>	<input type="text" value="27500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33156.69"/>	<input type="text" value="33156.69"/>
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).....	8703.04	23299.96
(ii) Unitemized	2651.10	14273.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11354.14	37573.11
(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)	11354.14	37573.11
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.).....	7.76	23.37
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))..... ▶	11361.90	37596.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11361.90	37596.48

DETAILED SUMMARY PAGE
of Disbursements

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.....	12500.00	25500.00
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	2000.00	2000.00
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)) ..	14500.00	27500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14500.00	27500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	11354.14	37573.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11354.14	37573.11
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 23
<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

Full Name (Last, First, Middle Initial) A. Jacquelin Belcher		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4676
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 114.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$19.00 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 ▼ 361.00	

Full Name (Last, First, Middle Initial) B. Richard Brisson		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4677
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 90.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$15.00 biweekly
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 ▼ 285.00	

Full Name (Last, First, Middle Initial) C. Mary Beth Brust		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4679
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 120.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$20.00 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 ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	324.00
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 23
<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. Kenneth Bulow
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Group Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.4680
 Amount of Each Receipt this Period 120.00
 Payroll deduction \$20.00 biweekly

B. Sandra K. Bunch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.4681
 Amount of Each Receipt this Period 90.00
 Payroll deduction \$10.00 biweekly

C. Vicki Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.4682
 Amount of Each Receipt this Period 114.00
 Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶ 324.00
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 23
<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. Ajay Chokski		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4684
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 300.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$50.00 biweekly
Name of Employer Surgical Care Affiliates	Occupation Group Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) B. Peter J. Clemens		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4685
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 692.28
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$115.38 biweekly
Name of Employer Surgical Care Affiliates	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2192.22	

Full Name (Last, First, Middle Initial) c. Joseph E. Colbert		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4686
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 120.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$20.00 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 ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	1112.28
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 23
<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. Kelli Collins		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4688
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 114.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	Payroll deduction \$19.00 biweekly

Full Name (Last, First, Middle Initial) B. Ann L. Dugan		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4695
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 150.00
City Birmingham	State AL	Zip Code 35244
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 ▼ 475.00	Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial) C. Marie Edler		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4696
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 150.00
City Birmingham	State AL	Zip Code 35244
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 ▼ 475.00	Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	414.00
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 23
<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. Viva Elia
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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1463.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
462.00

Payroll deduction \$77.00 biweekly

B. Christian D. Ellison
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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2185.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
690.00

Payroll deduction \$115.00 biweekly

C. Lisa A. Flinn
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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.4705

Amount of Each Receipt this Period
150.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	1302.00
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 23
<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. Margaret George		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4711
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 120.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial) B. Roy Georgia		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4712
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 150.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C	Name of Employer Surgical Care Affiliates	Occupation Chief Information Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial) C. Kris M. Gorman		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4713
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 90.00
City Birmingham	State AL	Zip Code 35244
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 ▼ 285.00	Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 23
<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. Jennifer Graham		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4714
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 90.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$15.00 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 ▼ 255.00	

Full Name (Last, First, Middle Initial) B. David L. Grantham		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4797
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 90.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$15.00 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 ▼ 285.00	

Full Name (Last, First, Middle Initial) C. Kevin M. Hamers		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4715
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 72.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$12.00 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 ▼ 228.00	

SUBTOTAL of Receipts This Page (optional).....▶	252.00
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 23
	<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. Huong Ho
 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 Director
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 30 / 2014
Transaction ID : SA11Al.4718
 Amount of Each Receipt this Period
 120.00
 Payroll deduction \$20.00 biweekly

B. Rebecca Howard
 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 Vice President
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 30 / 2014
Transaction ID : SA11Al.4719
 Amount of Each Receipt this Period
 150.00
 Payroll deduction \$25.00 biweekly

C. Jenifer S. Kimbrough
 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 Vice President
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 30 / 2014
Transaction ID : SA11Al.4723
 Amount of Each Receipt this Period
 180.00
 Payroll deduction \$30.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... **450.00**
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 23
	<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. Christopher Klassen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.4724
 Amount of Each Receipt this Period 120.00
 Payroll deduction \$20.00 biweekly

B. Joy Kurosaka
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.4727
 Amount of Each Receipt this Period 114.00
 Payroll deduction \$19.00 biweekly

C. Thomas J. Lally
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.4729
 Amount of Each Receipt this Period 120.00
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶ 354.00
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 23
	<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. Kristine Lowther
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.4735
 Amount of Each Receipt this Period 150.00
 Payroll deduction \$25.00 biweekly

B. Jeffrey Lozier
 Full Name (Last, First, Middle Initial)
 Mailing Address 17787 Del Paso Drive
 City Poway State CA Zip Code 92064
 Name of Employer Surgical Care Affiliates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 12 / 2014
Transaction ID : SA11AI.4789
 Amount of Each Receipt this Period 100.00

C. Brian Mathis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riverchase Galleria
 Suite 500
 City Birmingham State AL Zip Code 35244
 Name of Employer Surgical Care Affiliates Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA11AI.4736
 Amount of Each Receipt this Period 150.00
 Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶ 400.00
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 23
<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. Robert Midelton
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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
84.00

Payroll deduction \$14.00 biweekly

B. Bryan Olson
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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.4748

Amount of Each Receipt this Period
150.00

Payroll deduction \$25.00 biweekly

C. Louise M Pace
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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.4749

Amount of Each Receipt this Period
120.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	354.00
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 23
<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. Phillip R. Prince
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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : SA11Al.4751

Amount of Each Receipt this Period
120.00

Payroll deduction \$20.00 biweekly

B. Leslie J. Raskin
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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : SA11Al.4752

Amount of Each Receipt this Period
90.00

Payroll deduction \$15.00 biweekly

C. Cory P Roberts
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 VP, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt
09 / 30 / 2014

Transaction ID : SA11Al.4754

Amount of Each Receipt this Period
230.76

Payroll deduction \$38.46 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	440.76
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 23
<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. Andrew J. Rosen		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11Al.4756
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 150.00
City Birmingham	State AL	Zip Code 35244
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) B. Michael A. Rucker		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11Al.4757
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 462.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C	Payroll deduction \$77.00 biweekly	
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 ▼ 1463.00	

Full Name (Last, First, Middle Initial) C. Kelli Ruiz		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11Al.4758
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 150.00
City Birmingham	State AL	Zip Code 35244
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 ▼ 475.00	

SUBTOTAL of Receipts This Page (optional).....▶	762.00
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 23
	<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. Gwen Schmitz		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4761
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 90.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$15.00 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 ▼ 285.00	

Full Name (Last, First, Middle Initial) B. Richard L. Sharff Jr.		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4762
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 750.00
City Birmingham	State AL	Zip Code 35244
FEC ID number of contributing federal political committee. C		Payroll deduction \$125.00 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 ▼ 2375.00	

Full Name (Last, First, Middle Initial) C. Brian K. Shelton		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4763
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 150.00
City Birmingham	State AL	Zip Code 35244
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 ▼ 475.00	

SUBTOTAL of Receipts This Page (optional).....▶	990.00
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 20 OF 23
<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. Susan L. Sorg		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4764
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 90.00 Payroll deduction \$15.00 biweekly
City Birmingham	State AL	Zip Code 35244
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 ▼ 285.00	

Full Name (Last, First, Middle Initial) B. Jeanette Stack		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4765
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 90.00 Payroll deduction \$15.00 biweekly
City Birmingham	State AL	Zip Code 35244
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 ▼ 285.00	

Full Name (Last, First, Middle Initial) C. Carla F. Stephanie		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.4767
Mailing Address 3000 Riverchase Galleria Suite 500		Amount of Each Receipt this Period 90.00 Payroll deduction \$15.00 biweekly
City Birmingham	State AL	Zip Code 35244
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 ▼ 285.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 21 OF 23
	(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

A. Jason J. Strauss
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 Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11Al.4768

Amount of Each Receipt this Period
480.00

Payroll deduction \$80.00 biweekly

B. Leslie Wachsmen
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 Affiliate Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11Al.4771

Amount of Each Receipt this Period
114.00

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).....▶	594.00
TOTAL This Period (last page this line number only).....▶	8703.04

**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. North Carolina Republican House Caucus

Mailing Address 1506 Hillsborough Street

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.4783

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. North Carolina Republican Senate Caucus

Mailing Address 1506 Hillsborough Street

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.4785

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

/ /

Amount of Each Disbursement this Period

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

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