

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Richard L. Sharff, Jr.

Signature of Treasurer Electronically Filed by Richard L. Sharff, Jr. Date 07 29 2009

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

Table with 7 columns and 1 row. Office Use Only. FEC FORM 3X (Rev. 12/2004)

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

Write or Type Committee Name  
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		6048.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	6048.06									
(c) Total Receipts (from Line 19) .....	13924.56	13924.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19972.62	19972.62								
7. Total Disbursements (from Line 31) .....	8000.00	8000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11972.62	11972.62								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9302.00	9302.00
(ii) Unitemized .....	4612.50	4612.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13914.50	13914.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	13914.50	13914.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	10.06	10.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13924.56	13924.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13924.56	13924.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	8000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	8000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13914.50	13914.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13914.50	13914.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah L. Brown	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1140 Hammond Drive Building F, Suite 6100	<b>Transaction ID:</b> SA11AI.4289
	City Atlanta State GA Zip Code 30328	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction \$40.00 bi-weekly
	Name of Employer Sugical Care Affiliates Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Viva Elia	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2714 W. Canyon Avenue	<b>Transaction ID:</b> SA11AI.4300
	City San Diego State CA Zip Code 92123	Amount of Each Receipt this Period 385.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction \$77.00 bi-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 ▼ 385.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew P. Hayek	Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 3000 Riverchase Galleria Suite 500	<b>Transaction ID:</b> SA11AI.4245
	City Birmingham State AL Zip Code 35244	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Political Contribution - one time
	Name of Employer Surgical Care Affiliates Occupation President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5905.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 11  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Hutkai</p> <p>Mailing Address 3000 Riverchase Galleria Suite 500</p> <p>City Birmingham State AL Zip Code 35244</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Sugical Care Affiliates Occupation Vice President</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">247.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4310</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">247.00</span></p> <p>Payroll deduction \$19.00 bi-weekly</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Whitney F. Jones</p> <p>Mailing Address 767 Greenridge Lane</p> <p>City Louisville State KY Zip Code 40207</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Surgical Care Affiliates Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 29 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4254</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Political Contribution - one time</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) James T. Kreger</p> <p>Mailing Address 3000 Riverchase Galleria Suite 500</p> <p>City Birmingham State AL Zip Code 35244</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Surgical Care Affiliates Occupation Director-Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">700.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 03 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4258</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">700.00</span></p> <p>Political Contribution - one time</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1197.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 11  
(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)  
Dr. David M. Lavine

Mailing Address 2001 W. Rosedale Street

City State Zip Code  
Ft. Worth TX 76104

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 ▼  
250.00

Date of Receipt: 04 / 29 / 2009  
**Transaction ID:** SA11AI.4266  
 Amount of Each Receipt this Period: 250.00  
 Political Contribution - one time

**B.** Full Name (Last, First, Middle Initial)  
William J Pethick

Mailing Address 6310 1111 Way NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer: Surgical Care Affiliates   Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID:** SA11AI.4272  
 Amount of Each Receipt this Period: 700.00  
 Political Contribution - one time

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

Mailing Address 1400 McFarland Blvd., N.

City State Zip Code  
Tuscaloosa AL 35406

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

Name of Employer: Surgical Care Affiliates   Occupation: Region VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** SA11AI.4323  
 Amount of Each Receipt this Period: 250.00  
 Payroll deduction \$50.00 bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard L. Sharff, Jr.		Date of Receipt
	Mailing Address 3000 Riverchase Galleria Suite 500		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Birmingham	AL	35244
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Surgical Care Affiliates		Occupation EVP & Gen. Counsel	Transaction ID: SA11AI.4336
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
			Payroll deduction \$125.00 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="9302.00"/>

# 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

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

Candidate Name  
BILL NELSON

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.4219  
Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City MIAMI State FL Zip Code 33169

Purpose of Disbursement  
Political Contribution

Candidate Name  
KENDRICK B. MEEK

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.4205  
Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement  
Political Contribution

Candidate Name  
JOHN B LARSON

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB23.4202  
Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

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

7000.00

**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)

PAGE 11 / 11

<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

A.

Full Name (Last, First, Middle Initial)  
YARMUTH FOR CONGRESS

Transaction ID: SB23.4208

Date of Disbursement

Mailing Address 1819 Brownsboro Road  
Suite 100

/   /

City State Zip Code  
Louisville KY 40202

Amount of Each Disbursement this Period

Purpose of Disbursement  
Political Contribution

Category/  
Type

Candidate Name  
JOHN A YARMUTH

Office Sought:  House  
 Senate  
 President  
State: KY District: 03

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

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

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