
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:

$\square$ May 20 (M5)



Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:


Primary (12P)
Convention (12C)


General (12G)
Special (12S)


Runoff (12R)

Election on $\qquad$

in the State of
(d) 30-Day POST-Election Report for the:


General (30G)


Runoff (30R)
 Special (30S)

Election on



5. Covering Period

through

$y-r / r$
2014

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.


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

|  | Office Use Only |  |  |  |  |  |  |  | FEC FORM 3X <br> Rev. 12/2004 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

FEC Form 3X (Rev. 02/2003)
Write or Type Committee Name
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

6. (a) Cash on Hand January 1,
Y Y
2014
(b) Cash on Hand at

Beginning of Reporting Period. $\qquad$

(c) Total Receipts (from Line 19) $\qquad$

26234.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$
$\square 49294.79$
49294.79
7. Total Disbursements (from Line 31) $\qquad$
$\square 13000.00$
13000.00
$\square 36294.79$

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0,00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
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

## Write or Type Committee Name

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

| Report Covering the Period: | From: | M 04 | D 01 |  | To: | ${ }^{\text {m }} 06$ | 10 D | / $\begin{array}{r}\text { Y- } \\ \\ \hline\end{array}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| I. Receipts |  |  |  | COLUMN A Total This Period |  | COLUMN B <br> Calendar Year-to-Date |  |  |

11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)............
(ii) Unitemized
(iii) TOTAL (add

Lines 11(a)(i) and (ii). $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs). $\qquad$

|  | 9229.88 |
| :---: | :---: |
|  | 4254.95 |
|  | 13484.83 |
|  | 0.00 |
|  | 0.00 |


|  | 14596.92 |
| :---: | :---: |
|  | 11622.05 |
|  | 26218.97 |
|  | 0.00 |
|  | , |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) $\qquad$

|  | 13484.83 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |


|  | 26218.97 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$
0.00
0.00


| 0.00 |  |
| :---: | :---: |
| ,$~$ | 15.61 |



|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |

19. Total Receipts (add Lines 11(d), $12,13,14,15,16,17$, and $18(\mathrm{c})) \ldots \ldots \ldots$ $\square$
26234.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ......... $\downarrow$

26234.58

FEC Form 3X (Rev. 02/2003)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) $\qquad$ $\ldots$
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees and Other Political Committees. $\qquad$ $\ldots$
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)... $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made............................
(a) Individuals/Persons Other Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs). $\qquad$
$\qquad$
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) $\qquad$

| 0.00 |  |
| :--- | :--- |
| , | 0.00 |


| 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 $\qquad$
(ii) "Levin" Share. $\qquad$
$\qquad$


| 0, | 0.00 |
| :---: | :---: |
| ,$\quad$, | 0.00 |
| 0, | 0.00 |
| 0, | 0.00 |

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
13000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)



DETAILED SUMMARY PAGE
of Disbursements

Page 5
FEC Form 3X (Rev. 02/2003)

## III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans) (from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ......
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

COLUMN A
Total This Period

COLUMN B Calendar Year-to-Date


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



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 |
| :--- |
| Mailing Address 3000 Riverchase Galleria |
| Suite 500 |

| City | State | Zip Code |
| :--- | :--- | :--- |
| Birmingham | AL | 35244 |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Surgical Care Affiliates | Administrator |  |
| Receipt For: |  |  |
| $\square$ Primary $\square$ General |  | 247.00 |
| Other (specify) $\nabla$ |  |  |

Date of Receipt


Transaction ID : SA11AI. 4563
Amount of Each Receipt this Period
$\square 133.00$

Payroll deduction $\$ 19.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4567
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction $\$ 20.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4568
Amount of Each Receipt this Period


Payroll deduction $\$ 20.00$ biweekly

| SUBTOTAL of Receipts This Page (optional)....................................................................... | $413.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)........................................................ |  |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 4569
Amount of Each Receipt this Period
$\square \quad 175.00$

Payroll deduction $\$ 25.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4570
Amount of Each Receipt this Period
$\square 133.00$

Payroll deduction $\$ 19.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4572
Amount of Each Receipt this Period


Payroll deduction $\$ 50.00$ biweekly

| SUBTOTAL of Receipts This Page (optional)................................................................ | , 658.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | , |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. | Peter J. Clemens |
| :--- |
| Mailing Address 3000 Riverchase Galleria |
| Suite 500 |

| City | State | Zip Code |
| :--- | :--- | :--- |
| Birmingham | AL | 35244 |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Surgical Care Affiliates | Chief Financial Officer |  |
| Receipt For: |  |  |
| $\square$ Primary $\square$ General |  |  |
| $\square$ Other (specify) $\nabla$ | 1499.94 |  |

Date of Receipt


Transaction ID : SA11AI. 4573
Amount of Each Receipt this Period
$\square, 807.66$

Payroll deduction $\$ 115.38$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4574
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction $\$ 20.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4576
Amount of Each Receipt this Period
133.00

Payroll deduction $\$ 19.00$ biweekly

| $\square$ | 1080.66 |
| :--- | :--- |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt

| 06 | D $\quad \mathrm{D}$ 30 | $2014$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 4581
Amount of Each Receipt this Period
$\square 175.00$

Payroll deduction $\$ 25.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4582
Amount of Each Receipt this Period
$\square 175.00$

Payroll deduction $\$ 25.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4584
Amount of Each Receipt this Period
$\square 539.00$

Payroll deduction $\$ 77.00$ biweekly

| SUBTOTAL of Receipts This Page (optional)................................................................ | , 889.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 4585
Amount of Each Receipt this Period
$\square \quad 805.00$

Payroll deduction $\$ 115.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4590
Amount of Each Receipt this Period
$\square 175.00$

Payroll deduction $\$ 25.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4597
Amount of Each Receipt this Period


Payroll deduction $\$ 25.00$ biweekly

| -2120.00 |
| :--- | :--- | :--- |

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 4667
Amount of Each Receipt this Period
$\square 175.00$

Payroll deduction $\$ 25.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4605
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction $\$ 20.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4606
Amount of Each Receipt this Period


Payroll deduction $\$ 25.00$ biweekly
$\square, 490.00$

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

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

FOR LINE NUMBER: PAGE 12 OF (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Mailing Address 3000 Riverchase Galleria Suite 500 |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL 35244 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Surgical Care Affiliates | Occupation Vice President |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 4610
Amount of Each Receipt this Period
$\square 210.00$

Payroll deduction $\$ 30.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4611
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction $\$ 20.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4614
Amount of Each Receipt this Period
133.00

Payroll deduction $\$ 19.00$ biweekly


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

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

FOR LINE NUMBER: PAGE 13 OF (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Mailing Address 3000 Riverchase Galleria Suite 500 |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL 35244 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliates | Occupation <br> Regional Vice President |
|  | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : SA11AI. 4616
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction $\$ 20.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4622
Amount of Each Receipt this Period
$\square 175.00$

Payroll deduction $\$ 25.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4623
Amount of Each Receipt this Period
175.00

Payroll deduction $\$ 25.00$ biweekly
$\square, 490.00$

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



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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Initial) |
| :--- |
| A.Bryan Olson |
| Mailing Address 3000 Riverchase Galleria |
| Suite 500 |

Date of Receipt

| $\begin{gathered} \text { M M } \\ 06 \end{gathered}$ | D $\quad \mathrm{D}$ 30 | $2014$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 4634
Amount of Each Receipt this Period
$\square 175.00$

Payroll deduction $\$ 25.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4635
Amount of Each Receipt this Period
$\square 140.00$

Payroll deduction $\$ 20.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4638
Amount of Each Receipt this Period


Payroll deduction $\$ 20.00$ biweekly


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

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

FOR LINE NUMBER: PAGE 15 OF (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 4642
Amount of Each Receipt this Period
$\square 269.22$

Payroll deduction $\$ 38.46$ biweekly

| Full Name (Last, First, Middle Initial) <br> B. <br> Andrew J. Rosen |
| :--- |
| Mailing Address 3000 Riverchase Galleria <br> Suite 500  |
| City |

Date of Receipt


Transaction ID : SA11AI. 4644
Amount of Each Receipt this Period
$\square \quad 175.00$

Payroll deduction $\$ 25.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4645
Amount of Each Receipt this Period
539.00

Payroll deduction $\$ 77.00$ biweekly


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

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

FOR LINE NUMBER: PAGE 16 OF (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : SA11AI. 4646
Amount of Each Receipt this Period
$\square \quad 175.00$

Payroll deduction $\$ 25.00$ biweekly

| Full Name (Last, First, Middle Initial) <br> B. Richard L. Sharff Jr. |  |
| :---: | :---: |
| Mailing Address $\begin{gathered}3000 \text { Riverchase Galleria } \\ \text { Suite } 500\end{gathered}$ |  |
| City | State Zip Code |
| Birmingham | AL 35244 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliates | Occupation <br> EVP \& Gen Counsel |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 4650
Amount of Each Receipt this Period
$\square \quad 875.00$

Payroll deduction $\$ 125.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4651
Amount of Each Receipt this Period
175.00

Payroll deduction $\$ 25.00$ biweekly
$0,1225.00$

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

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

FOR LINE NUMBER: PAGE 17 OF (check only one)


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## NAME OF COMMITTEE (In Full)

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

| Mailing Address 3000 Riverchase Galleria Suite 500 |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL 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 |

Full Name (Last, First, Middle Initial)
B. Jason J. Strauss

Mailing Address 3000 Riverchase Galleria

| Suite 500 |  |
| :---: | :---: |
| City | State Zip Code |
| Birmingham | AL 35244 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Surgical Care Affiliates | Occupation Group Vice President |
| Receipt For: Primary Genera Other (specify) | Aggregate Year-to-Date $\square$ |

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

Mailing Address 3000 Riverchase Galleria


Date of Receipt


Transaction ID : SA11AI. 4652
Amount of Each Receipt this Period
$\square 250.00$

Payroll deduction $\$ 50.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4656
Amount of Each Receipt this Period
$\square 560.00$

Payroll deduction $\$ 80.00$ biweekly

Date of Receipt


Transaction ID : SA11AI. 4659
Amount of Each Receipt this Period
133.00

Payroll deduction $\$ 19.00$ biweekly


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

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  |  |  |  |  | 18 | OF |  | 19 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\square$ 21b |  |  |  |  | 24 |  | 25 |  |  | 26 |
|  | 27 | 28a |  | 28b |  | 28c |  | 29 |  |  | 30b |

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NAME OF COMMITTEE (In Full) $\quad$ SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)
A. DIANE BLACK FOR CONGRESS

| Mailing Address PO BOX 1437 |  |  |  |
| :---: | :---: | :---: | :---: |
| City GALLATIN | State Zip Code <br> TN 37066 |  | Transaction ID : SB23.4554 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution |  | 011 |  |
| Candidate Name DIANE L MRS BLACK |  | Category/ Type | $2500.00$ |
| Office Sought: $X$House <br> Senate <br>   <br> State: TN District: 06 |  |  |  |

Full Name (Last, First, Middle Initial)
B. DWS VICTORY FUND

| Mailing Address PO BOX 83142 |  |  | 05 22 2014 |
| :---: | :---: | :---: | :---: |
| City GAITHERSBURG | State Zip Code <br> MD 20883 |  | Transaction ID : SB23.4552 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution |  | 011 |  |
| Candidate Name DWS VICTORY FUND |  | Category/ Type | $2500.00$ |
| Office Sought: $X$House <br> Senate <br> State: FL District: 23 |  |  |  |

c. GUTHRIE FOR CONGRESS


Date of Disbursement


## Transaction ID : SB23.4549

Amount of Each Disbursement this Period
$\square 5000.00$

| SUBTOTAL of Disbursements This Page (optional)........................................................ | $10000.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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



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NAME OF COMMITTEE (In Full)
SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)
A. SCALISE FOR CONGRESS

| Mailing Address PO BOX 23219 |  |  | 06 12 2014 |
| :---: | :---: | :---: | :---: |
| City JEFFERSON | State Zip Code <br> LA 70183 |  | Transaction ID : SB23.4543 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution |  | 011 |  |
| Candidate Name STEVE MR. SCALISE |  | Category/ Type | $1000.00$ |
| Office Sought: $X$House <br> Senate <br> President <br> State: LA District: 01 |  |  |  |

B. SIMPSON FOR CONGRESS

Date of Disbursement


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

| Mailing Address |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Purpose of Disbursement |  |  |  |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br>  Senate <br>  President <br>  District: |  |  |

Date of Disbursement


Amount of Each Disbursement this Period $\square$,


