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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	iorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Surgery Partners, Inc.	Political Action Comm	nittee	
ADDRESS (number and street)	310 Seven Springs Way		
▼ Check if different	Suite 500		
than previously reported. (ACC)	Brentwood		TN 37027 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00520833		THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (0	O1)	20 (M4) Jul 20 (M7	
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (\	YE) Election	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on 11 03	in the State of TN
5. Covering Period 10		through 11	M / D D / Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z Z
I certify that I have examined th	nis Report and to the best of O'Brien, Jeffrey, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er		
Signature of Treasurer	rien, Jeffrey, , ,	[Electronically Filed]	Date 12 / 21 / 2020
NOTE: Submission of false, erron	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use Only			FEC FORM 3X Rev. 05/2016

SHMMADY DAGE

FEC Form 2V (Page 25/2010)	OF RECEIPTS AND DISBURSEMENTS	D 2
FEC Form 3X (Rev. 05/2016) Write or Type Committee Name		Page 2
	ation Committee	
Surgery Partners, Inc. Political A	Action Committee	
Report Covering the Period: From:	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	. 250.59	1028.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 250.59	1028.34
7. Total Disbursements (from Line 31)	. 250.59	1028.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	. 5000.00	
This committee has qualified as a mu	Iticandidate 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Surgery Partners, Inc. Political Action Committee

10 01 2020 11 23 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 250.59 1028.34 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 1028.34 12, 13, 14, 15, 16, 17, and 18(c))....... 250.59 20. Total Federal Receipts 250.59 1028.34 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	.5 1.110 1 51104	Jaionaa Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	250.50	1028.34
Expenditures(c) Total Operating Expenditures	250.59	1020.34
(add 21(a)(i), (a)(ii), and (b))▶	250.59	1028.34
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	4 4 4
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	4 4	4 4 4
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 3010 ⁻¹ (a) Allocated Federal Election Activity (from Schedule H6)	1(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	250.59	1028.34
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	250.59	1028.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 0.00 0.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 0.00 0.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 250.59 1028.34 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 1028.34 250.59 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA

Transaction ID:

Amendment being filed to correct accurate coveraged period of the report to October 1 through November 23.

Form/Schedule: Transaction ID:

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 9 (check only one) 11a 11b 11c 12 13 14					
		for each category of the Detailed Summary Page						
	ly information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Surgery Partners, Inc. Political A	Action Co	ommittee					
Α.	Full Name of Individual (Last, First, Middle Initi Surgery Partners, Inc. Political Action Co		Organization Name	Date of Receipt				
	Mailing Address 310 Seven Springs Way Suite 500			10 16 2020				
	City Brentwood	State TN	Zip Code 37027	Transaction ID : SA15.4325				
	FEC ID number of contributing federal political committee.	C co	0520833	Amount of Each Receipt this Period 125.29				
	Name of Employer (for Individual)	Occupation (for Individual)		Memo Item Off set for bank fees on 10/15/2020				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 827.74					
В.	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Surgery Partners, Inc. Political Action Committee lailing Address 310 Seven Springs Way			Date of Receipt				
	Suite 500	State	Zip Code	11 17 2020				
	Brentwood	TN	37027	Transaction ID : SA15.4326 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0520833	125.30				
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item Off set for bank fees on 11/16/2020				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 953.04					
<u>С</u> .	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt				
	Mailing Address	M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.							
	Name of Employer (for Individual) Occur		upation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼					
S	SUBTOTAL of Receipts This Page (optional)		•	250.59				
Ļ	OTAL This Pariod (last nage this line number of	anly)		250.59				

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

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SCHEDULE B (FEC Form 3X)	Has concrete achadula(s) FOR LINE									
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only one)						
		Summary Page	×	21b 28a	22 28b	23 28c	26	27 30b		
Any information copied from such Reports and State	ments may	not he sold or use	ed by any							
or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)										
$ \; angle$ Surgery Partners, Inc. Political Act	ion Com	nmittee								
Full Name (Last, First, Middle Initial)										
A. Bank of America	•				Date of	Disburse	ement			
						/ D		2000		
Mailing Address 4011 Hillsboro Road					10	J L-!	5	2020		
City						FEC Identification Number				
Nashville Purpose of Disbursement	TN	37215								
Bank fees					C					
Candidate Name		Catagon					ID: SB21	B.4322 nent this Period		
			Categor Type	у/	, anount	or Lacil	Diobulsell			
	ment For:					-		125.29		
Senate President	,	Primary								
State: District:	Cirioi (opo	Sy) ∀			Me	mo Item				
Full Name (Last, First, Middle Initial)										
B. Bank of America					Date of Disbursement					
Mailing Address 4011 Hillsboro Road	Mailing Address 4044 Lillahara David				11 16 2020					
Mailing / Add 655 4011 Hillsboto Road	Mailing Address 4011 Hillsboro Road					11 10 2020				
,	State TN	·			FEC Identification Number					
Nashville Purpose of Disbursement	TIN	37215			C					
Bank fees					Transaction ID : SB21B.4323					
Candidate Name		Category/ Type		y/	Amount of Each Disbursement this Period					
Office Sought: House Disburse	mont For:									
Senate Sought.	Primary				125.50					
President Other (specify)					Memo Item					
State: District:										
Full Name (Last, First, Middle Initial)						Disburse	ement			
C.					M = M	/ D		YYY		
Mailing Address					L.	J L	L			
City	State	Zip Code			====					
		2.5 000			FEC Identification Number					
Purpose of Disbursement				$\neg \bot$	C					
Candidate Name	Candidate Name				Amount of Each Disbursement this Period					
Category/ Type					Amount of Each Dispursement this Period					
						7	7			
Senate Primary Other (specify) ▼										
State: District:	onioi (spe	y/ ▼			Me	mo Item				
SUBTOTAL of Disbursements This Page (optional)	·····			•				250.59		
TOTAL This Period (last page this line number only								250.59		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

			1. 1.0				
NAME OF COMMITTEE (In Full) Surgery Partners, Inc. Political Actio	n Commit	tee					
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): Repayment of corporate contribution reported in 4/15/18 Qtrly Report;in reply to FEC 10/17/18 letter						
Mailing Address 310 Seven Springs Way Suite 500	10/17/10 10:001						
City Brentwood	State Zip Code TN 37027						
Outstanding Balance Beginning This Period		01021	Transaction ID : SD10.4256				
5000.00							
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period				
0.00		0.00	5000.00				
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):				
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period				
C. Full Name (Last, First, Middle Initial) of Debte	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor						
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period				
1) SUBTOTALS This Period This Page (optional)			5000.00				
2) TOTALS This Period (last page this line number	r only)		5000.00				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page of	only)	0.00				
4) ADD 2) and 3) and carry forward to appropriate	5000.00						