

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. 12FE4M5

AmSurg Corp. Good Government Fund

ADDRESS (number and street) 20 Burton Hills Blvd.

Check if different than previously reported. (ACC) Suite 500

Nashville TN 37215

2. **FEC IDENTIFICATION NUMBER ▼** C00484410 **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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2012

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 Thomas M. Sloan Jr.

Signature of Treasurer Thomas M. Sloan Jr. *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2012

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AmSurg Corp. Good Government Fund

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		12170.00
(b) Cash on Hand at Beginning of Reporting Period.....	12170.00	
(c) Total Receipts (from Line 19)	30550.01	30550.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42720.01	42720.01
7. Total Disbursements (from Line 31).....	13500.00	13500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29220.01	29220.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AmSurg Corp. Good Government Fund

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).....	30150.01	30150.01
(ii) Unitemized	400.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30550.01	30550.01
(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)	30550.01	30550.01
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.).....	0.00	0.00
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))..... ▶	30550.01	30550.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30550.01	30550.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	11000.00	11000.00
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	2500.00	2500.00
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)) ..	13500.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	13500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30550.01	30550.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30550.01	30550.01
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: PAGE 6 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
AmSurg Corp. Good Government Fund

Full Name (Last, First, Middle Initial)
A. Daniel Buehler

Mailing Address 1427 Plymouth Drive

City State Zip Code
 Brentwood TN 37027

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

Name of Employer Occupation
 AmSurg Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Tom Cigarran

Mailing Address 5335 N. Stanford Drive

City State Zip Code
 Nashville TN 37215

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

Name of Employer Occupation
 Healthways CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
C. James De Ciutiis

Mailing Address 35684 Poplar Crest Rd.

City State Zip Code
 Wildomar CA 92595

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

Name of Employer Occupation
 AmSurg Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period
 1000.01

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.01

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 7 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AmSurg Corp. Good Government Fund

A. John R. Grant
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Lexington Court
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AmSurg Occupation VP Financial Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012
Transaction ID : SA11AI.4444
 Amount of Each Receipt this Period
 500.00

B. Claire Gulmi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2519 Ridgewood Drive
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AmSurg Occupation Executive Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2012
Transaction ID : SA11AI.4417
 Amount of Each Receipt this Period
 3000.00

C. Barbara Hanania
 Full Name (Last, First, Middle Initial)
 Mailing Address 30225 N 48th Street
 City Cave Creek State AZ Zip Code 85331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AmSurg Occupation Sr DVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : SA11AI.4436
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AmSurg Corp. Good Government Fund

A. Henry Herr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2490 Clifftops Avenue
 City State Zip Code
 Monteagle TN 37356
 Date of Receipt: 03 / 28 / 2012
Transaction ID : SA11AI.4439
 Amount of Each Receipt this Period: 5000.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: AmSurg Occupation: Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 5000.00

B. Katherine Lamb
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Pintail Court
 City State Zip Code
 Franklin TN 37067
 Date of Receipt: 03 / 05 / 2012
Transaction ID : SA11AI.4412
 Amount of Each Receipt this Period: 650.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: AmSurg Occupation: AVP Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 650.00

C. Kevin Lavender
 Full Name (Last, First, Middle Initial)
 Mailing Address 887 Oak Valley Lane
 City State Zip Code
 Nashville TN 37220
 Date of Receipt: 03 / 29 / 2012
Transaction ID : SA11AI.4441
 Amount of Each Receipt this Period: 2000.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: AmSurg Occupation: Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<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)
AmSurg Corp. Good Government Fund

Full Name (Last, First, Middle Initial) A. Kari Lindsey		Date of Receipt MM / DD / YYYY 03 / 21 / 2012 Transaction ID : SA11AI.4435
Mailing Address 605 Bloomfield Way		Amount of Each Receipt this Period 1000.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer AmSurg	Occupation Division President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Brent Longenecker		Date of Receipt MM / DD / YYYY 03 / 13 / 2012 Transaction ID : SA11AI.4429
Mailing Address 802 Brandywine Road		Amount of Each Receipt this Period 500.00
City Downington	State PA	Zip Code 19335
FEC ID number of contributing federal political committee. C		
Name of Employer AmSurg	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David Manning		Date of Receipt MM / DD / YYYY 03 / 06 / 2012 Transaction ID : SA11AI.4415
Mailing Address 5001 Hill Place Drive		Amount of Each Receipt this Period 3000.00
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		
Name of Employer AmSurg	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 16
	<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)
AmSurg Corp. Good Government Fund

Full Name (Last, First, Middle Initial) A. Stephen Marshall		Date of Receipt
Mailing Address 6580 Sunnyside Court		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.4411
AmSurg	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Deb Miller		Date of Receipt
Mailing Address 1160 N Lisbon Avenue		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chandler	AZ	85226
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.4428
AmSurg	Associate Vice President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. Erin Morris		Date of Receipt
Mailing Address 143 Ridgebend Drive		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Murfreesboro	TN	37128
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.4437
AmSurg	Division Vice President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 16
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AmSurg Corp. Good Government Fund

A. Eric Moss
Full Name (Last, First, Middle Initial)
Mailing Address 1031 Glastonbury Drive
City Franklin State TN Zip Code 37069
FEC ID number of contributing federal political committee. **C**
Name of Employer AmSurg Occupation AVP Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 12 / 2012**
Transaction ID : SA11AI.4426
Amount of Each Receipt this Period **500.00**

B. Billie Payne
Full Name (Last, First, Middle Initial)
Mailing Address 8056 Montcastle Drive
City Nashville State TN Zip Code 37221
FEC ID number of contributing federal political committee. **C**
Name of Employer AmSurg Occupation Senior Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 21 / 2012**
Transaction ID : SA11AI.4434
Amount of Each Receipt this Period **1000.00**

C. Todd Shepherd
Full Name (Last, First, Middle Initial)
Mailing Address 362 E. Devon Drive
City Gilbert State AZ Zip Code 85296
FEC ID number of contributing federal political committee. **C**
Name of Employer AmSurg Occupation Division Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 07 / 2012**
Transaction ID : SA11AI.4423
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
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 12 OF 16
	(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)
AmSurg Corp. Good Government Fund

A. Thomas M. Sloan Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 213 Timberline Court

City Franklin State TN Zip Code 37069

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

Name of Employer AmSurg Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
 1000.00

B. Eric Thrailkill
Full Name (Last, First, Middle Initial)

Mailing Address 625 Sparrow Court

City Nashville State TN Zip Code 37221

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

Name of Employer AmSurg Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period
 500.00

C. Katherine S. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 1322 Trenton Ln

City Franklin State TN Zip Code 37067

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

Name of Employer AmSurg Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	30150.01

**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)
AmSurg Corp. Good Government Fund

Full Name (Last, First, Middle Initial)

A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
Contribution

Candidate Name

CHARLES DR. JR. BOUSTANY

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2012

Transaction ID : SB23.4398

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JASON CHAFFETZ

Mailing Address 315 WESTFIELD CIRCLE

City ALPINE State UT Zip Code 84004

Purpose of Disbursement
Contribution

Candidate Name

Jason Chaffetz

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : SB23.4395

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JEB HENSARLING

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
Contribution

Candidate Name

JEB HON. HENSARLING

Office Sought: House
 Senate
 President
State: TX District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : SB23.4384

Amount of Each Disbursement this Period

2500.00

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

6000.00

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)

<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)
AmSurg Corp. Good Government Fund

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
Contribution

Candidate Name
S. BRETT HON. GUTHRIE

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2012

Transaction ID : **SB23.4401**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement
Contribution

Candidate Name
JOHN LEWIS FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	10	/	2012

Transaction ID : **SB23.4391**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KREEGEL FOR CONGRESS

Mailing Address 3821 B TAMIAMI TRAIL #321

City PORT CHARLOTTE State FL Zip Code 33952

Purpose of Disbursement
Contribution

Candidate Name
PAIGE VANIER KREEGEL

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2012

Transaction ID : **SB23.4407**

Amount of Each Disbursement this Period

500.00

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

4000.00

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

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**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)
AmSurg Corp. Good Government Fund

Full Name (Last, First, Middle Initial)

A. LARSON FOR CONGRESS

Mailing Address PO BOX 479

City State Zip Code
GLASTONBURY CT 06033

Purpose of Disbursement
Contribution

Candidate Name

John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : SB23.4406

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

11000.00

**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 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)
AmSurg Corp. Good Government Fund

Full Name (Last, First, Middle Initial)

A. FASCA - TN State PAC

Mailing Address 1400 VILLAGE SQUARE BLVD., 3-175

City Tallahassee State FL Zip Code 32312

Purpose of Disbursement
Non Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : SB29.4388

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

2500.00