

# 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  
AmSurg Corp. Good Government Fund

ADDRESS (number and street) 20 Burton Hills Blvd.  
Suite 500  
 Check if different than previously reported. (ACC)  
Nashville TN 37215

2. **FEC IDENTIFICATION NUMBER** C00484410  
**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 Quarterly 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 07 01 2010 through 09 30 2010

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 Electronically Filed by Thomas M. Sloan, Jr. Date 10 15 2010

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 **FEC FORM 3X** (Rev. 12/2004)

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

Write or Type Committee Name  
AmSurg Corp. Good Government Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	0.00									
(c) Total Receipts (from Line 19) .....	17800.00	17800.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	17800.00	17800.00								
7. Total Disbursements (from Line 31) .....	10000.00	10000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7800.00	7800.00								
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  
AmSurg Corp. Good Government Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	17200.00	17200.00
(ii) Unitemized .....	600.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17800.00	17800.00
(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) .....	17800.00	17800.00
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 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)) .....	17800.00	17800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17800.00	17800.00

**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.....	10000.00	10000.00
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))..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10000.00

**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) .....	17800.00	17800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17800.00	17800.00
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 / 10  
(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

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

**A.**

Full Name (Last, First, Middle Initial)  
Claire Gulmi

Mailing Address 20 Burton Hills Blvd, Suite 500

City State Zip Code  
Nashville TN 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 ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

Transaction ID: SA11AI.4105

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
Henry Herr

Mailing Address 2490 Clifftops Avenue

City State Zip Code  
Monteagle TN 37356

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

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

Transaction ID: SA11AI.4113

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Chris Holden

Mailing Address 20 Burton Hills Blvd, Suite 500

City State Zip Code  
Nashville TN 37215

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

Name of Employer AmSurg Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

Transaction ID: SA11AI.4101

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10600.00

**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 7 / 10  
(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)  
AmSurg Corp. Good Government Fund

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Holland

Mailing Address 4865 Littlewood Drive

City State Zip Code  
Beaumont TX 77706

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

Name of Employer SE TX Gastroenterology As-soc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11AI.4117

Amount of Each Receipt this Period  
4000.00

**B.**

Full Name (Last, First, Middle Initial)  
David Manning

Mailing Address 20 Burton Hills Blvd, Suite 500

City State Zip Code  
Nashville TN 37215

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

Name of Employer AmSurg Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11AI.4103

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
Ken McDonald

Mailing Address 81 Concord Park W

City State Zip Code  
Nashville TN 37205

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

Name of Employer AmSurg Occupation Board of Directors

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2010

Transaction ID: SA11AI.4115

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	17200.00

**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)  
AmSurg Corp. Good Government Fund

A.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS	Transaction ID: SB23.4125 Date of Disbursement
	Mailing Address 21301 Powerline Road, Suite 204	<input type="text" value="08"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Boca Raton State FL Zip Code 33431	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name KLEIN FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.	Transaction ID: SB23.4123 Date of Disbursement
	Mailing Address PO Box 682185	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name MARSHA BLACKBURN FOR CONGRESS INC.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.	Transaction ID: SB23.4127 Date of Disbursement
	Mailing Address PO Box 682185	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name MARSHA BLACKBURN FOR CONGRESS INC.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE	Transaction ID: SB23.4119 Date of Disbursement 07 / 17 / 2010
	Mailing Address P.O. BOX 1948	Amount of Each Disbursement this Period 3000.00
	City BOISE State ID Zip Code 83701	Category/ Type
	Purpose of Disbursement Contribution Candidate Name MIKE CRAPO FOR US SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	
<b>B.</b>	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE	Transaction ID: SB23.4122 Date of Disbursement 07 / 22 / 2010
	Mailing Address P.O. BOX 1948	Amount of Each Disbursement this Period 500.00
	City BOISE State ID Zip Code 83701	Category/ Type
	Purpose of Disbursement Contribution Candidate Name MIKE CRAPO FOR US SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	
<b>C.</b>	Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.4128 Date of Disbursement 09 / 27 / 2010
	Mailing Address 2720 JORDAN ROAD	Amount of Each Disbursement this Period 1000.00
	City OREFIELD State PA Zip Code 18069	Category/ Type
	Purpose of Disbursement Contribution Candidate Name TOOMEY FOR SENATE COMMITTEE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 00	

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

4500.00

**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 10 / 10

<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

A.

Full Name (Last, First, Middle Initial)  
WALLY HERGER FOR CONGRESS COMMITTEE

Transaction ID: SB23.4130

Date of Disbursement

Mailing Address PO Box 1007

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City Willows State CA Zip Code 95988

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name  
WALLY HERGER FOR CONGRESS COMMITTEE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

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

1000.00
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TOTAL This Period (last page this line number only) ..... ►

1000.00
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