

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. Suite 500 Nashville TN 37215 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00484410 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, 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 PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 04 01 2014 through 06 30 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 Thomas M. Sloan Jr.

Signature of Treasurer Thomas M. Sloan Jr. [Electronically Filed] Date 07 15 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

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="2014"/>	<input type="text" value="7150.01"/>	<input type="text" value="7150.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14250.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9899.00"/>	<input type="text" value="30499.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24149.01"/>	<input type="text" value="37649.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18000.00"/>	<input type="text" value="31500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6149.01"/>	<input type="text" value="6149.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

AmSurg Corp. Good Government Fund

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

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).....	9500.00	30000.00
(ii) Unitemized .....	399.00	499.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9899.00	30499.00
(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) .....	9899.00	30499.00
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 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))..... ▶	9899.00	30499.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9899.00	30499.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	18000.00	31500.00
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 .....	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 .....	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)) ..	18000.00	31500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	31500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	9899.00	30499.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9899.00	30499.00
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: (check only one)	PAGE 6 OF 12
	<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	

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) <b>A. Mike Barnett</b>			Date of Receipt MM / DD / YYYY 05 / 22 / 2014 <b>Transaction ID : SA11AI.4722</b>
Mailing Address 408 Tinnan Ave			Amount of Each Receipt this Period 500.00
City Franklin	State TN	Zip Code 37067	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer AmSurg	Occupation Vice President	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Kevin Eastridge</b>			Date of Receipt MM / DD / YYYY 05 / 09 / 2014 <b>Transaction ID : SA11AI.4720</b>
Mailing Address 1511 Kimberleigh Court			Amount of Each Receipt this Period 2000.00
City Franklin	State TN	Zip Code 37069	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer AmSurg	Occupation Senior Vice President	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Contribution	

Full Name (Last, First, Middle Initial) <b>C. John R. Grant</b>			Date of Receipt MM / DD / YYYY 05 / 19 / 2014 <b>Transaction ID : SA11AI.4721</b>
Mailing Address 105 Lexington Court			Amount of Each Receipt this Period 750.00
City Nashville	State TN	Zip Code 37215	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer AmSurg	Occupation Division President	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<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: (check only one)	PAGE 7 OF 12
<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) <b>A. Barbara Hanania</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2014 <b>Transaction ID : SA11AI.4711</b>
Mailing Address 30225 N 48th Street		Amount of Each Receipt this Period 1000.00
City Cave Creek	State AZ	Zip Code 85331
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>B. Renee Judkins</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2014 <b>Transaction ID : SA11AI.4710</b>
Mailing Address 321 Hunters Chase Drive		Amount of Each Receipt this Period 500.00
City Smyrna	State TN	Zip Code 37167
FEC ID number of contributing federal political committee. C	Name of Employer AmSurg	Occupation 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) <b>C. Katherine Lamb</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2014 <b>Transaction ID : SA11AI.4713</b>
Mailing Address 436 Wandering Circle		Amount of Each Receipt this Period 750.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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: (check only one)	PAGE 8 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 2601 Sir Castor Court

City Lewisville State TX Zip Code 75056

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : SA11AI.4727**

Amount of Each Receipt this Period  
 1000.00

Contribution

**B. Margaret Morgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Balwyn Place

City Bala Cynwyd State PA Zip Code 19004

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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : SA11AI.4725**

Amount of Each Receipt this Period  
 750.00

Contribution

**C. 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 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  
 04 / 16 / 2014  
**Transaction ID : SA11AI.4716**

Amount of Each Receipt this Period  
 1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<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: (check only one)	PAGE 9 OF 12
	<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) <b>A. Chad Veal</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2014 <b>Transaction ID : SA11AI.4719</b>
Mailing Address 5109 Regent Drive		Amount of Each Receipt this Period 750.00
City Nashville	State TN	Zip Code 37220
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer AmSurg	Occupation Division Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Steve Washburn</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2014 <b>Transaction ID : SA11AI.4714</b>
Mailing Address 2167 Ridge Drive		Amount of Each Receipt this Period 500.00
City Pinetop	State AZ	Zip Code 85935
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Arizona Mountain Orthopedics	Occupation Physician	
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) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9500.00

**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**

Full Name (Last, First, Middle Initial)

**A. DWS VICTORY FUND**

Mailing Address PO BOX 83142

City State Zip Code  
GAITHERSBURG MD 20883

Purpose of Disbursement  
Contribution

Candidate Name  
**DEBBIE WASSERMAN SCHULTZ**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : **SB23.4738**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Freedom Fund**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City State Zip Code  
WASHINGTON DC 20001

Purpose of Disbursement  
Contribution

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : **SB23.4731**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF PATRICK MURPHY**

Mailing Address 4521 PGA BLVD. #412

City State Zip Code  
PALM BEACH GARDENS FL 33418

Purpose of Disbursement  
Contribution

Candidate Name  
**PATRICK MURPHY**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : **SB23.4741**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

4	5	0	0	.	0	0
---	---	---	---	---	---	---

**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  
State: KY District: 02

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : **SB23.4744**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. JIM TRACY FOR CONGRESS**

Mailing Address PO BOX 332490

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement Contribution

Candidate Name

**JIM TRACY**

Office Sought:  House  Senate  President  
State: TN District: 04

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : **SB23.4740**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City JEFFERSON State LA Zip Code 70183

Purpose of Disbursement Contribution

Candidate Name

**STEVE MR. SCALISE**

Office Sought:  House  Senate  President  
State: LA District: 01

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : **SB23.4734**

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

**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**

Full Name (Last, First, Middle Initial)

**A. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City State Zip Code  
BLACKFOOT ID 83221

Purpose of Disbursement  
Contribution

Candidate Name  
**MICHAEL SIMPSON**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: ID District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2014

Transaction ID : **SB23.4747**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT**

Mailing Address 2424 21ST AVENUE  
SUITE 200

City State Zip Code  
NASHVILLE TN 37212

Purpose of Disbursement  
Contribution

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  
05 / 23 / 2014

Transaction ID : **SB23.4729**

Amount of Each Disbursement this Period

5000.00

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

Amount of Each Disbursement this Period

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

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

7500.00

18000.00