



**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="2011"/>	<input type="text" value="6800.00"/>	<input type="text" value="6800.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6800.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="42120.00"/>	<input type="text" value="42120.00"/>
(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="48920.00"/>	<input type="text" value="48920.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14000.00"/>	<input type="text" value="14000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34920.00"/>	<input type="text" value="34920.00"/>
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

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).....	41345.00	41345.00
(ii) Unitemized .....	775.00	775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42120.00	42120.00
(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) .....	42120.00	42120.00
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))..... ▶	42120.00	42120.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42120.00	42120.00

**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.....	14000.00	14000.00
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)) ..	14000.00	14000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	14000.00

**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) .....	42120.00	42120.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42120.00	42120.00
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 OF 21  
(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**

**A. Mike Barnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Tinnan Ave  
 City State Zip Code  
 Franklin TN 37067  
 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 / 11 / 2011  
**Transaction ID : SA11AI.4173**  
 Amount of Each Receipt this Period  
 1000.00

**B. Jeffrey Bernstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10388 Derby Drive  
 City State Zip Code  
 Laurel MD 20723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Maryland Digestive Center Doctor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2011  
**Transaction ID : SA11AI.4256**  
 Amount of Each Receipt this Period  
 285.00

**C. Michael Bone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Cheek Road  
 City State Zip Code  
 Nashville TN 37205  
 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 ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2011  
**Transaction ID : SA11AI.4195**  
 Amount of Each Receipt this Period  
 750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2035.00  
**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 7 OF 21
	<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) <b>A. Daniel Buehler</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2011
Mailing Address 1427 Plymouth Drive		<b>Transaction ID : SA11AI.4191</b>
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Chasen</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
Mailing Address 6820 Wisconsin Avenue Apt. 3012		<b>Transaction ID : SA11AI.4258</b>
City Bethesda	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.00
Name of Employer Maryland Digestive Center	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Phillip Clendenin</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2011
Mailing Address 20 Burton Hills Blvd, Suite 500		<b>Transaction ID : SA11AI.4183</b>
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer AmSurg	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4285.00
<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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AmSurg Corp. Good Government Fund**

**A. James deCiuittis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35684 Poplar Crest Rd.  
 City Wildomar State CA Zip Code 92595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmSurg Occupation Regional 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 / 14 / 2011  
**Transaction ID : SA11AI.4181**  
 Amount of Each Receipt this Period  
 1000.00

**B. Kevin Eastridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Burton Hills Blvd, Suite 500  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmSurg Occupation Senior Vice President & CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2011  
**Transaction ID : SA11AI.4210**  
 Amount of Each Receipt this Period  
 2000.00

**C. Jeffrey Garbis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11848 Linden Chapel Road  
 City Clarksville State MD Zip Code 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maryland Digestive Center Occupation Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2011  
**Transaction ID : SA11AI.4260**  
 Amount of Each Receipt this Period  
 285.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3285.00
<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 21
<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. John R. Grant</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2011 <b>Transaction ID : SA11AI.4205</b>
Mailing Address 105 Lexington Court		Amount of Each Receipt this Period 500.00
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer AmSurg	Occupation VP Financial Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Claire Gulmi</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2011 <b>Transaction ID : SA11AI.4199</b>
Mailing Address 20 Burton Hills Blvd, Suite 500		Amount of Each Receipt this Period 3000.00
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3000.00
Name of Employer AmSurg	Occupation Executive Vice President & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Barbara Hanania</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2011 <b>Transaction ID : SA11AI.4216</b>
Mailing Address 30225 N 48th Street		Amount of Each Receipt this Period 500.00
City Cave Creek	State AZ	Zip Code 85331
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer AmSurg	Occupation Sr DVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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 10 OF 21
	<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. 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 Occupation  
AmSurg Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 24 / 2011  
**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
AmSurg President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 30 / 2011  
**Transaction ID : SA11AI.4202**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Chris Kelly**

Mailing Address 1884 Erlinger Drive

City State Zip Code  
Nolensville TN 37135

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

Name of Employer Occupation  
AmSurg Vice President, Legal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 30 / 2011  
**Transaction ID : SA11AI.4200**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<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 11 OF 21
<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. Dr. Theodore Y. Kim</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2011 <b>Transaction ID : SA11AI.4250</b>
Mailing Address 11268 Ridermark Row		Amount of Each Receipt this Period 285.00
City Columbia	State MD	Zip Code 21044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.00
Name of Employer Maryland Digestive Center	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B. James W. Klein</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2011 <b>Transaction ID : SA11AI.4240</b>
Mailing Address 21711 Greater Mack Avenue		Amount of Each Receipt this Period 2000.00
City St. Clear Shores	State MI	Zip Code 48080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Metropolitan Eye Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Katherine Lamb</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2011 <b>Transaction ID : SA11AI.4203</b>
Mailing Address 832 Pintail Court		Amount of Each Receipt this Period 500.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AmSurg	Occupation AVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2785.00
<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 12 OF 21
	<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) <b>A. Alissa Lash</b>			Date of Receipt
Mailing Address 4510 Yuma Street NW			<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4254</b>
Washington	DC	20016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="285.00"/>
Name of Employer	Occupation		
Maryland Digestive Center	Doctor		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Marvin E. Lawrence</b>			Date of Receipt
Mailing Address 11357 Liberty Street			<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4252</b>
Fulton	MD	20759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="285.00"/>
Name of Employer	Occupation		
Maryland Digestive Center	Doctor		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Kari Lindsey</b>			Date of Receipt
Mailing Address 605 Bloomfield Way			<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4228</b>
Brentwood	TN	37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
AmSurg	Division President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1570.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 13 OF 21
	<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**

**A. Todd Lunsford**  
Full Name (Last, First, Middle Initial)

Mailing Address 1412 Mentelle Drive

City Franklin State TN Zip Code 37069

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

Name of Employer AmSurg Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2011

**Transaction ID : SA11AI.4224**

Amount of Each Receipt this Period  
 600.00

**B. David Manning**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Burton Hills Blvd, Suite 500

City Nashville State TN Zip Code 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2011

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period  
 3000.00

**C. Stephen Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 6580 Sunnyside Court

City Brentwood State TN Zip Code 37027

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

Name of Employer AmSurg Occupation Regional 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 / 24 / 2011

**Transaction ID : SA11AI.4187**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4100.00
<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: PAGE 14 OF 21  
(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. Trent Mattison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1203 Sir Malory Lane  
 City State Zip Code  
 Castle Hills TX 75056  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2011  
**Transaction ID : SA11AI.4213**  
 Amount of Each Receipt this Period  
 500.00

**B. Debby McMillin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Sunset Place  
 City State Zip Code  
 Nashville TN 37212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AmSurg DVP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2011  
**Transaction ID : SA11AI.4218**  
 Amount of Each Receipt this Period  
 300.00

**C. Deb Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1160 N Lisbon Avenue  
 City State Zip Code  
 Chandler AZ 85226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AmSurg Associate 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 / 18 / 2011  
**Transaction ID : SA11AI.4184**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**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 15 OF 21
<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. Margaret Morgan</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2011 <b>Transaction ID : SA11AI.4226</b>
Mailing Address 8 Balwyn Place		Amount of Each Receipt this Period 650.00
City Bala Cynwyd	State PA	Zip Code 19004
FEC ID number of contributing federal political committee. C	Name of Employer AmSurg	Occupation DVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. Don Myers</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2011 <b>Transaction ID : SA11AI.4244</b>
Mailing Address 3649 Brookwood Road		Amount of Each Receipt this Period 300.00
City Birmingham	State AL	Zip Code 35223
FEC ID number of contributing federal political committee. C	Name of Employer AmSurg	Occupation RVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Billie Payne</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2011 <b>Transaction ID : SA11AI.4176</b>
Mailing Address 20 Burton Hills Blvd, Suite 500		Amount of Each Receipt this Period 1000.00
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C	Name of Employer AmSurg	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1950.00
<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 16 OF 21
	<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. Omelio Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Milan Avenue  
 City State Zip Code  
 Coral Gables FL 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AmSurg VP  
 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  
 05 / 04 / 2011  
**Transaction ID : SA11AI.4242**  
 Amount of Each Receipt this Period  
 1000.00

**B. Warren Savitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 773  
 City State Zip Code  
 Brentwood TN 37027  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2011  
**Transaction ID : SA11AI.4193**  
 Amount of Each Receipt this Period  
 500.00

**C. Christopher Shih**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9907 Heather Glen  
 City State Zip Code  
 Ellicot City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Maryland Digestive Center Doctor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2011  
**Transaction ID : SA11AI.4262**  
 Amount of Each Receipt this Period  
 285.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1785.00
<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: PAGE 17 OF 21  
(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**

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

Mailing Address 213 Timberline Court

City State Zip Code  
 Franklin TN 37069

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

Name of Employer Occupation  
 AmSurg 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  
 04 / 04 / 2011  
**Transaction ID : SA11AI.4215**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 625 Sparrow Court

City State Zip Code  
 Nashville TN 37221

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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2011  
**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Chad Veal**

Mailing Address 5109 Regent Drive

City State Zip Code  
 Nashville TN 37220

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

Name of Employer Occupation  
 AmSurg RVP

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  
 04 / 07 / 2011  
**Transaction ID : SA11AI.4220**

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: (check only one)	PAGE 18 OF 21
	<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) <b>A. Wendel M. Wainner</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2011
Mailing Address 105 Abercain Dr.			<b>Transaction ID : SA11AI.4208</b>
City Franklin	State TN	Zip Code 37064	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer AmSurg	Occupation Division VP Ops		
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>B. Katherine S. Wilson</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2011
Mailing Address 1322 Trenton Ln			<b>Transaction ID : SA11AI.4179</b>
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 500.00
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. Kenneth Zonger</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2011
Mailing Address 1795 Jameson Drive			<b>Transaction ID : SA11AI.4211</b>
City Franklin	State TN	Zip Code 37064	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AmSurg	Occupation VP Financial Reporting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41345.00



**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. LARSON FOR CONGRESS**

Mailing Address PO BOX 479

City State Zip Code  
GLASTONBURY CT 06033

Purpose of Disbursement

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
04	/	06	/	2011

**Transaction ID : SB23.4163**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 682185

City State Zip Code  
Franklin TN 37068

Purpose of Disbursement

Candidate Name

**Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2011

**Transaction ID : SB23.4167**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City State Zip Code  
LOUISVILLE KY 40201

Purpose of Disbursement

Candidate Name

**Mitch McConnell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2011

**Transaction ID : SB23.4157**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3500.00
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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. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement

Candidate Name  
**Thomas E. Price**

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2011

**Transaction ID : SB23.4161**

Amount of Each Disbursement this Period

1500.00

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)..... ▶

1500.00

14000.00