Image# 14952505044 PAGE 1 / 7

## **FEC** FORM 3X

# REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than An Auti	nonzea Committee	Office U	Jse Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5			
AmSurg Corp. Good C	Government Fund					
ADDRESS (number and street)	20 Burton Hills Blvd.					
Check if different	Suite 500					
than previously reported. (ACC)	Nashville		TN 37215 -			
2. FEC IDENTIFICATION N	UMBER ▼ CIT	YA	STATE A	ZIP CODE A		
C C00484410		S THIS EPORT X (N) OF	AMENDED (A)	)		
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M		(Non-Election Year Only)		
(a) Quarterly Reports:		20 (M3) Jun 20 (M		Year Only)		
April 15 Quarterly Report (	01)	20 (M4) Jul 20 (M7		-		
July 15 Quarterly Report (	PRF-Election	Primary (12P)  Convention (12C)	X General (12G)  Special (12S)	Runoff (12R)		
October 15 Quarterly Report (	·	Convention (120)	Opecial (123)			
January 31 Year-End Report (	YE) Electio	n on 11 04	2014	in the State of		
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)		
Termination Report (TER)	t Electio	n on	/ Y = Y = Y	in the State of		
5. Covering Period 1	0 01 2014	through 10		014		
I certify that I have examined the	his Report and to the best of	my knowledge and belief it is	true, correct and comple	ete.		
Type or Print Name of Treasure	er Thomas M. Sloan Jr.					
Signature of Treasurer Thor	mas M. Sloan Jr.	[Electronically Filed]	Date 10 / 2	2 2014		
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	g this Report to the penal	ties of 2 U.S.C. §437g.		
Office Use Only				C FORM 3X Rev. 12/2004		

	• O FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
W	rite or Type Committee Name		
1	AmSurg Corp. Good Government F	und	
R	eport Covering the Period: From: 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014	[	7150.01
	(b) Cash on Hand at Beginning of Reporting Period	4399.01	
	(c) Total Receipts (from Line 19)	1500.00	38749.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5899.01	45899.01
7.	Total Disbursements (from Line 31)	2500.00	42500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3399.01	3399.01
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 multicar	ndidate committee. (see FEC FORM 1M)	
	F	or 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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees		20050.00		
(i) Itemized (use Schedule A)	1500.00	38250.00		
(ii) Unitemized(iii) TOTAL (add	0.00	499.00		
Lines 11(a)(i) and (ii)	1500.00	38749.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	7	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	1500.00	38749.00		
Totals to Line 33, page 5)	100.00	4 4		
Transfers From Affiliated/Other Party Committees	0.00	0.00		
Farty Committees	0.00	5.00		
. All Loans Received	0.00	0.00		
7.11. 200.10 7.0007.00	7			
. Loan Repayments Received	0.00	0.00		
. Offsets To Operating Expenditures	7	5.00		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	0.00		
. Other Federal Receipts	7	7 7		
(Dividends, Interest, etc.)	0.00	0.00		
. 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		
(4)	7			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1500.00	38749.00		
Total Follows Brooks		, , , , , , , , , , , , , , , , , , , ,		
. Total Federal Receipts	1500.00	207-12-22		
(subtract Line 18(c) from Line 19)▶	1500.00	38749.00		

#### **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		
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	0.00	0.00		
2	(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	0.00	0.00		
	Committees	0.00	0.00		
3.	Contributions to Federal Candidates/Committees	0500.00			
	and Other Political Committees	2500.00	42500.00		
4.	Independent Expenditures (use Schedule E)	0.00	0.00		
5.	Coordinated Party Expenditures				
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
6.	Loan Repayments Made	0.00	0.00		
7. 8	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	Than Folitical Committees	0.00			
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
9.	Other Disbursements	0.00	0.00		
Э.	Other Disbursements	0.00	0.00		
	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		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	42500.00		
		7	7		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2500.00	42500.00		

#### **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	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1500.00	38749.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1500.00	38749.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) for each category of the Detailed Summary Page

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ı	(ch	ne	ck only	or	ıe)					
		X	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 Governm	nent Fund			
Full Name (Last, First, Middle Initial)  Gilbert Drozdow		Date of Receipt		
Mailing Address 590 Golden Beach Drive	Mailing Address 590 Golden Beach Drive			
City	State Zip Code	10 01 2014 Transaction ID : SA11AI.4769		
Golden Beach	FL 33160	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1500.00		
Name of Employer	Occupation			
Sheridan	Chief Medical Officer			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	1500.00			
Full Name (Last, First, Middle Initial) 3.		Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	City State Zip Code			
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
Name of Employer	Occupation			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer	Occupation			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional).		1500.00		
TOTAL This Period (last page this line number	er only)	1500.00		

# ľ

CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 7 OF 7				
EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b			
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r for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
AmSurg Corp. Good Government	Fund					
Full Name (Last, First, Middle Initial)						
ROCK CITY PAC	Date of Disbursement					
Mailing Address 1015 STONEBRIDGE PARK DRIV			10 03 2014			
Mailing Address 1015 STONEBRIDGE FARK DRIV	E		10 03 2014			
	State Zip Code		Transaction ID : SB23.4771			
FRANKLIN Purpose of Disbursement	TN 37069					
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	3500.00			
Office Courbby		Туре	2500.00			
Office Sought: House Disburse Senate	ment For:  Primary General					
President	Other (specify)					
State: District:	· · · · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial)						
			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y Y			
City	State Zip Code					
Purpose of Disbursement	Purpose of Disbursement					
•			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disburse	ment For:	Туре				
Senate Sought.	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Diahura			
			Date of Disbursement			
Mailing Address			M - M / D - D / Y - Y - Y - Y			
011	01-1- 7'- 0-1-					
City	State Zip Code					
Purpose of Disbursement						
One Palata Name			Amount of Each Disbursement this Period			
Candidate Name		Category/	Amount of Each Disbursement this Period			
	ment For:	Category/ Type	Amount of Each Disbursement this Period			
	ment For: Primary General	Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate	Primary General	Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President State: District:	Primary General Other (specify) ▼	Type				
Office Sought: House Disburser Senate President	Primary General Other (specify) ▼	Type	Amount of Each Disbursement this Period			