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FEC FORM 3X

Only

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

7005 DEC 14 A 8: 52

Office Use Only TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. MICKIANISIAISI Meidical Sinciperty Political Acition <u>Johnmi Hitlera</u> 190 BIX: 155018181 ADDRESS (number and street) Check if different than previously Listifile Kloick A RI 7,2,2,15,-50,88 reported. (ACC) CITY A STATE A ZIP CODE A FEC IDENTIFICATION NUMBER ▼ 3. IS THIS NEW AMENDED 0.0.0.0.2.9.0. OR REPORT (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election (Choose One) Report Year Only) Due On: Jun 20 (M6) Dec 20 (M12) Mar 20 (M3) Sep 20 (M9) (Non-Election (a) Quarterly Reports: Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Special (30S) Runotf (30R) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 200 2006 **Covering Period** through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Stephen Magie MD *lesignated* Type or Print Name of Treasurer Signature of Treasurer Date 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 **FEC FORM 3X** Use Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Arkansas Medical Society Political Action Committee Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period...... Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)



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

Page 3 FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Arkansas Medical Society Political Action Committee Report Covering the Period: From: **COLUMN B COLUMN A** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Retunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))... 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE of Disbursements Page 4 FEC Form 3X (Rev. 02/2003) **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (li) Non-Føderal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees..... 23. Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... 26. Loan Repayments Made..... (a) Individuals/Persons Other
Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).............▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share...... (b) Federal Election Activity Paid Entirely With Federal Funds Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))... 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)......

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A III. Net Contributions/Operating Ex-**COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X)		ı	····	T	FOR LINE NUMBER: PAGE OF							
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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) 21b 22 27 28a	PAGE OF 26 28b 28c 29 30			
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NAME OF COMMITTEE (In Full)						
Arkansas Medical Socie	ty to litical	Action	Committee			
Full Name (Last, First, Middle Initial) A. A	Politi	cal Action Date	of Disbursement			
American Medical AS	Full Name (Last, First, Middle Initial) American Medical ASSOciation Counties Mailing Address					
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- .	tate Zip Code 2005					
		Amou	nt of Each Disbursement this Period			
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TOTAL This Period (last page this line number only)......

SCHEDULE C (FEC	Form 3X)			
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NAME OF COMMITTEE (In F	uff)			
LOAN SOURCE Full Nan	ne (Last, First, Mic	idle Initial)		Election:
				Primary General
Mailing Address				Other (specify)
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
	12/14/06
PREPARER (3/2005)	DATE PREPARED