

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
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2019 APR 15 AM 7:56

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ARKANSAS Medical Society Political Action Com

ADDRESS (number and street)

P.O. Box 55088

Check if different than previously reported. (ACC)

Little Rock

AR

72215-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00002907

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End 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)

Dec 20 (M12) (Non-Election Year Only)

Jan 31 (YE)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Primary (12P)

General (12G)

Runoff (12R)

(c) 12-Day PRE-Election Report for the:

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

01 / 01 / 2019

through

03 / 31 / 2019

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 Lydia Lane, MD. Designated Agent: H. Scott Smith

Signature of Treasurer

H. Scott Smith

Date

04 / 10 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ARKANSAS Medical Society Political Action Committee

Report Covering the Period:

From:

01 / 01 / 2019

To:

03 / 31 / 2019

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1, 2019

34,163.92

(b) Cash on Hand at
Beginning of Reporting Period.....

34,163.92

(c) Total Receipts (from Line 19).....

420.00

420.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

34,583.92

34,583.92

7. Total Disbursements (from Line 31).....

3,462.16

3,462.16

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

31,121.76

31,121.76

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

-0-

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

-0-



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. 05/2016)

Page 3

Write or Type Committee Name

ARKANSAS MEDICAL Society Political Action Committee

Report Covering the Period:

From:

01 / 01 / 2019

To:

03 / 31 / 2019

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).....

(ii) Unitemized

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

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. Refunds 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).....▶

420.00
420.00

420.00

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--

420.00

420.00

420.00
420.00

420.00

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420.00

420.00

NOTES: SEE LINE 33, PAGE 5 FOR TOTALS

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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

--

--

- (ii) Non-Federal Share

--

--

- (b) Other Federal Operating Expenditures

46216

46216

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

46216

46216

22. Transfers to Affiliated/Other Party Committees

--

--

23. Contributions to Federal Candidates/Committees and Other Political Committees

3000.00

3000.00

24. Independent Expenditures (use Schedule E)

--

--

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)

--

--

26. Loan Repayments Made

--

--

27. Loans Made

--

--

28. Refunds of Contributions To:
 (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 (Including Non-Federal Donations)

--

--

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share

--

--

- (ii) "Levin" Share

--

--

- (b) Federal Election Activity Paid Entirely With Federal Funds

--

--

- (c) 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)) ..

346216

346216

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

346216

346216

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	420 00	420 00
34. Total Contribution Refunds (from Line 28(d))	—	—
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	420 00	420 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	462 16	462 16
37. Offsets to Operating Expenditures (from Line 15, page 3)	—	—
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	462 16	462 16

2016-05-15 15:00:00

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)

PAGE 1 OF 1

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
 28a 28b 28c 29 30b

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)

ARKANSAS MEDICAL Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Horton Brothers Printing

Mailing Address

PO Box 5668

City

N. Little Rock

State

AR

Zip Code

72119

Purpose of Disbursement

Stationary

Candidate Name

na

001
 Category/
 Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary
☒ Other (specify)

☐ General

Office

State:

District:

Date of Disbursement

02 / 05 / 2019

FEC Identification Number

C 00002907

Amount of Each Disbursement this Period

462.16

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
 Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary
☐ Other (specify)

☐ General

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
 Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary
☐ Other (specify)

☐ General

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

462.16
 462.16

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 (OF)

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARKANSAS Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican Party of AR

Date of Disbursement

01 / 10 / 2019

Mailing Address

PO Box 72

City

Little Rock

State

AR

Zip Code

72203

Purpose of Disbursement

Inauguration Sponsor

Candidate Name

011

Category/
Type

FEC Identification Number

C 00002907

Amount of Each Disbursement this Period

3,000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ☒ na

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ☒ na

State:

District:

☐ Memo Item

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

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

3,000.00

0120WVNDG 1WG 1UT 1 PG 1W-0N



ARKANSAS MEDICAL

P.O. Box 55088

Little Rock, Arkansas 72215-5508



7012 2210 0000 9060 4631



02 1P
0000925532
\$ 006.95

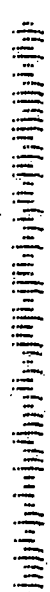
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APR 10 2019
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FEC
999 E Street NW
Washington, DC 20463



Federal Election Commission
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PREPARER <i>mp</i>	4/15/19 DATE PREPARED

(3/2015)