

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

2012 OCT 17 AM 11:42

FEC MAIL CENTER

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

African American Medical Society Political Action Committee

ADDRESS (number and street)

P.O. Box 155088

Check if different
than previously
reported. (ACC)

Little Rock

AR 72215-15088

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 0 0 2 9 0 7

3. IS THIS
REPORT

NEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- 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)
 Mar 20 (M3)
 Apr 20 (M4)

May 20 (M5)
 Jun 20 (M6)
 Jul 20 (M7)

Aug 20 (M8)
 Sep 20 (M9)
 Oct 20 (M10)

Nov 20 (M11)
(Non-Election
Year Only)
 Dec 20 (M12)
(Non-Election
Year Only)
 Jan 31 (YE)

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

Primary (12P)
 Convention (12C)

General (12G)
 Special (12S)

Runoff (12R)

(d) 30-Day
POST-Election
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YY

in the
State of

MM

Election on

MM / DD / YY

in the
State of

MM

5. Covering Period

07 / 01 / 2012

through

09 / 30 / 2012

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

Tracy Baltz, MD Designated Agent H. Scott Smith

Signature of Treasurer

H. Scott Smith

Date

10 / 11 / 2012

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
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ARKANSAS Medical Society Political Action Committee

Report Covering the Period:

From:

07 01 2012

To:

09 30 2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1,

2012

57285.00

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

68781.16

(c) Total Receipts (from Line 19)

52284.7

16724.63

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

74009.63

74009.63

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

7000.00

70.00.00

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

67009.63

67009.63

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. 06/2004)

Page 3

Write or Type Committee Name

Arkansas Medical Society Political Action Committee

Report Covering the Period: From:

07 01 2012

To:

09 30 2012

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).....	1800.00	6300.00
(ii) Unitemized	3425.00	0415.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....>	5225.00	16715.00
(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).....>	5225.00	16715.00
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.).....	3.47	963
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)).....>	5228.47	16724.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....>	5228.47	16724.63

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	7,000.00	7,000.00
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		
(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)).....	7,000.00	7,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7,000.00	7,000.00

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)	5225.00	16,715.00
34. Total Contribution Refunds (from Line 28(d))	—	—
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5225.00	16,715.00
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 (subtract Line 37 from Line 36)	—	—

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input 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	

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)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

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)..... ►

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

MM DD YYYY

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

MM DD YYYY

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

MM DD YYYY

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

MM DD YYYY

MM DD YYYY

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ARKANSAS Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cupp, Cecil W

Mailing Address

146 Ravenwood PL

City

Hot Springs

State

AR

Zip Code

71901

FEC ID number of contributing
 federal political committee.

C [REDACTED]

Name of Employer

Hot Springs Radiology Serv

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 11 / 2012

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Hedberg, Curtis L

Mailing Address

6706 Shadow Valley Rd

City

Rogers

State

AR

Zip Code

72758

FEC ID number of contributing
 federal political committee.

C [REDACTED]

Name of Employer

Hedberg Allergy & Asthma

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 17 / 2012

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Jones, Edward

Mailing Address

255 Virginia

City

Batesville

State

AR

Zip Code

72501

FEC ID number of contributing
 federal political committee.

C [REDACTED]

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 11 / 2012

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

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: PAGE **2 OF 2**
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ARKANSAS Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Newbern, D. Gordon

Mailing Address

600 S. McKinley 102

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing
federal political committee.

C [REDACTED]

Name of Employer

AR Specialty Orthop

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

B. Stapp, David

Mailing Address

1120 S Main

City

Searcy

State

AR

Zip Code

72143

FEC ID number of contributing
federal political committee.

C [REDACTED]

Name of Employer

Family Prac Assoc

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

C. Welch, Samuel B

Mailing Address

3 Williamsburg Cr

City

Little Rock

State

AR

Zip Code

72227

FEC ID number of contributing
federal political committee.

C [REDACTED]

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

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

1800.00

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 **2**

<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)

Arkansas Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crawford, Rick			Date of Disbursement
Mailing Address PO Box 16956			09 26 2012
City Jonesboro	State AR	Zip Code 72403	
Purpose of Disbursement Contribution			
Candidate Name Rick Crawford / Crawford for Congress			Category/ Type D.I.
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary		<input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▾		
<input type="checkbox"/> President			
State: AR	District: 1		
Full Name (Last, First, Middle Initial)			

B. GriFFIN Tim			Date of Disbursement
Mailing Address PO Box 7526			09 26 2012
City Little Rock	State AR	Zip Code 72217	
Purpose of Disbursement Contribution			
Candidate Name Tim Griffin for Congress			Category/ Type D.I.
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary		<input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▾		
<input type="checkbox"/> President			
State: AR	District: 2		
Full Name (Last, First, Middle Initial)			

C. Womack, Steve			Date of Disbursement
Mailing Address PO Box 508			09 26 2012
City Rogers	State AR	Zip Code 72757	
Purpose of Disbursement Contribution			
Candidate Name Womack for Congress / Steve Womack			Category/ Type D.I.
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary		<input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▾		
<input type="checkbox"/> President			
State: AR	District: 3		
SUBTOTAL of Disbursements This Page (optional)..... ►			

TOTAL This Period (last page this line number only)..... ►			6,000.00
--	--	--	-----------------

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▾

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM

DD

YYYY

MM

DD

YYYY

MM

% (apr)

- Yes
- No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

MM DD YYYY

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

MM DD YYYY

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

MM DD YYYY

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

MM DD YYYY

SUBTOTALS This Period This Page (optional) ►

MM DD YYYY

TOTALS This Period (last page in this line only) ►

MM DD YYYY

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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
27	28a	28b	28c	29	30b

PAGE 2 OF 2

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NAME OF COMMITTEE (In Full)

Arkansas Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Party of AR		Date of Disbursement
Mailing Address 870 124 W. Capitol 1630		08/07/2012
City Little Rock	State AR	Zip Code 72201
Purpose of Disbursement Jefferson / Jackson Dinner		Amount of Each Disbursement this Period
Candidate Name n/a		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	
State: District:		

Full Name (Last, First, Middle Initial)

B.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	
State: District:		

Full Name (Last, First, Middle Initial)

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	
State: District:		

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

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

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

Election:

Primary

General

Other (specify) ▼

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ►

TOTALS This Period (last page in this line only) ►

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C) 10/12/12
<input type="checkbox"/>	USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label		<input type="checkbox"/>
<input type="checkbox"/>	USPS Express Mail	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
		<input type="checkbox"/> Next Business Day Delivery
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked

ASL
PREPARER
(3/2005)

10/17/12
DATE PREPARED