

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2024 APR 19 AM 11:07
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) PO 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 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)

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 / 2024 through 03 / 31 / 2024

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 C. Baltz, MD Designated Agent: H. Scott Smith

Signature of Treasurer H. Scott Smith Date 04 / 10 / 2024

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

NON-PROFIT ORGANIZATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

ARKANSAS Medical Society Political Action Committee

Report Covering the Period: From:

01 01 2024

To:

03 31 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024	2,915.92	2,915.92
(b) Cash on Hand at Beginning of Reporting Period	2,915.92	
(c) Total Receipts (from Line 19)	1,480.00	1,480.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4,395.92	4,395.92
7. Total Disbursements (from Line 31)	1,347.26	1,347.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,048.66	3,048.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

2024-04-10 14:20:40 401-66400-301-91

DETAILED SUMMARY PAGE
of Disbursements

NON-FEDERAL DONATIONS

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	347.26	347.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	347.26	347.26
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
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)) ..	1,347.26	1,347.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,347.26	1,347.26

DETAILED SUMMARY PAGE
of Disbursements

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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)	1480 ⁰⁰	1480 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1480 ⁰⁰	1480 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	34724	34724
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34724	34724

2024-04-19-30004669167

**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

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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. ARKANSAS Medical Society

Mailing Address PO Bx 55086

City L Rock

State AR

Zip Code 72215

Purpose of Disbursement
Office Comm

Candidate Name
n/a

001
Category/
Type

Office Sought:
 House
 Senate
 President
n/a

Disbursement For:
 Primary General
 Other (specify) n/a

State: District:

Date of Disbursement

02 / 14 / 2024

FEC Identification Number

C 0002907

Amount of Each Disbursement this Period

347.26

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 General
 Other (specify)

State: District:

Date of Disbursement

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 General
 Other (specify) ▼

State: District:

Date of Disbursement

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)

20240419 00400108

**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	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
ARKANSAS Medical Society Political Action Committee

A. Full Name (Last, First, Middle Initial)
Womack, Steve

Mailing Address
PO Box 508

City **Rogers** State **AR** Zip Code **72757**

Purpose of Disbursement
Campaign

Candidate Name
Steve Womack Campaign

Office Sought: House Senate President
US

Disbursement For: Primary General Other (specify) ▼

State: **AR** District: **3**

Date of Disbursement
02 / 14 / 2024

FEC Identification Number
0002907

Amount of Each Disbursement this Period
1,000.00

Category/Type
011

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Category/Type

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Category/Type

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **1,000.00**

TOTAL This Period (last page this line number only).....▶ **(000.00)**

2024-02-14 09:00:00

