

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2019 FEB 4 PM 2:44
12FE4M5

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

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

MM / DD / YYYY

in the
State of

State

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the
State of

State

5. Covering Period

11 / 27 / 2018

through

12 / 31 / 2018

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

01 / 30 / 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.

Of 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:

11 ' 27 ' 2018

To:

12 ' 31 ' 2018

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1,

2018

57,093.26

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

38,523.92

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

640.00

4,547.00

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

39,163.92

61,640.26

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

5,000.00

27,476.34

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

34,163.92

34,163.92

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

Page 3

ARKANSAS MEDICAL Society Political Action Committee

From:

11 / 27 / 2018

To:

MM / DD / YYYY
12 / 31 / 2018

COLUMN B
Calendar Year-to-Date

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)▶

640 00
640 00

640.00

000

6.4000

64000

800.00

3,147.00

45.470

4,547.00

4,547.00

4,5470

Page 4

COLUMN B
Calendar Year-to-Date

- 8.476.34
5.000.00
14.000.00
- 0 -
- 0 -

27,476.34

27,476.34

NOTES ON THE 1964-65 SEASON

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)	640 00	4,547 00
34. Total Contribution Refunds (from Line 28(d))	- 0 -	- 0 -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	640 00	4,547 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	- 0 -	8,476 34
37. Offsets to Operating Expenditures (from Line 15, page 3)	- 0 -	- 0 -
38. Net Operating Expenditures (subtract Line 37 from Line 36)	640 00	8,476 34

20160101 00:00:00

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.

Arkansas Medical Soc. Political Action Committee Acct

Mailing Address

PO Box 59088

City

Little Rock

State

AR

Zip Code

72215

Purpose of Disbursement

transfer out to a non-federal Acct

Candidate Name

N/A

Category/
Type

011

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

transfer out non-federal Acct

Date of Disbursement

12 / 26 / 2018

FEC Identification Number

C 0002907

Amount of Each Disbursement this Period

5,000.00

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).....

5,000.00

5,000.00

UNDELIVERED MAIL IS BEING RETURNED TO THE POST OFFICE



ARKANSAS MEDICAL
P.O. Box 55088
Little Rock, Arkansas 72215

CERTIFIED MAIL™



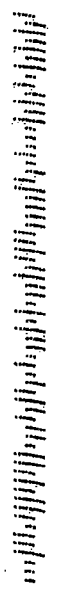
7012 2210 0000 9060 4648



RECEIVED
MAIL CENTER
FEB -4 PM 2:41

FEC
999 E Street NW
Washington, DC 20463

RETURN RECEIPT
REQUESTED



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

(3/2015)

DATE PREPARED