

**FEC
FORM 3X**

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

RECEIVED
FEC MAILCENTER

2023 JUL 24 AM 11:22
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 ▲

C 00002907

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)

X 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 2023

through

06 30 2023

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

07 10 2023

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:

01/01/2023

To:

06/30/2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		3950.61
(b) Cash on Hand at Beginning of Reporting Period	3950.61	
(c) Total Receipts (from Line 19)	2035.00	2035.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5985.61	5985.61
7. Total Disbursements (from Line 31)	1390.49	1390.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4595.12	4595.12
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

20230724 00440416

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 / 2023

To:

06 / 30 / 2023

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).....▶

250.00

1785.00

2035.00

250.00

1785.00

2035.00

2035.00

2035.00

2035.00

2035.00

1446440030247

DETAILED SUMMARY PAGE of Disbursements

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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 (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)) ..

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

1390.49
1390.49

1390.49
1390.49

1390.49

1390.49

1390.49

1390.49

2025-01-03 00:46:48

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)	2,035.00	2,035.00
34. Total Contribution Refunds (from Line 28(d))	- 0 -	- 0 -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,035.00	2,035.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,390.49	1,390.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	- 0 -	- 0 -
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,390.49	1,390.49

2023-07-24 PM 00:46:46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

ARKANSAS Medical Society Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Joseph

Date of Receipt

Mailing Address

PO Box 180728

01/19/2023

City

Ft Smith

State

AR

Zip Code

72918

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

C0002907

☐ Memo Item

Name of Employer (for Individual)

Advanced Interventional Pain

Occupation (for Individual)

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Date of Receipt

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

☐ Memo Item

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Date of Receipt

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee

C

Amount of Each Receipt this Period

☐ Memo Item

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

250.00

250.00

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 Society

Mailing Address

PO Box 55088

City

Little Rock

State AR

Zip Code

72215

Purpose of Disbursement

Adm. office

Candidate Name

n/a

001
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

04/05/2023

FEC Identification Number

C 0002907

Amount of Each Disbursement this Period

234.15

Memo Item

Full Name (Last, First, Middle Initial)

B. Ark. Mailing Service

Mailing Address

PO Box 94071

City

NLR

State AR

Zip Code

72190

Purpose of Disbursement

mailing /pst

Candidate Name

n/a

001
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

06/01/2023

FEC Identification Number

C 0002907

Amount of Each Disbursement this Period

1156.34

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

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)

1390.49

1390.49

20230724 004001W 004001W 134001W

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ARKANSAS MEDICAL

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Little Rock, Arkansas 72215-5508



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<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
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