

**FEC
FORM 3X**

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

RECEIVED

2014 OCT 16 AM 11:40

FEC MAIL CENTER
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 ▲

000002907

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)

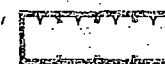


Convention (12C)



Special (12S)

Election on



in the
State of



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



General (30G)

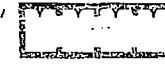


Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period

07

01

2014

through

09

30

2014

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

Lyda F. Lane, M.D. Designated Agent H. Scott Smith

Signature of Treasurer

H. Scott Smith

Date

10

10

2014

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 2014

To:

09 30 2014

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1,

2014

86,244.88

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

99,260.80

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

3,695.00

18,710.92

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

102,955.80

104,955.80

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

5,636.64

76,366.4

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

97,319.16

97,319.16

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' 2014

To:

09' 30' 2014

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).....▶

1150.00

2545.00

3695.00

3695.00

0-

3695.00

3695.00

7150.00

11547.00

18697.00

18697.00

1392

0-

18710.92

18710.92

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	13664	13664
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13664	13664
22. Transfers to Affiliated/Other Party Committees	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	2500.00
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	563664	763694
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))	563664	763694
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	563664	763694

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)	3695.00	18697.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3695.00	18697.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13664	13664
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13664	13664

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

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. Bauer, Jeffery

Mailing Address

10 River Oaks Cir

City

Little Rock

State

AR

Zip Code

72207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ark Otolaryngology

Occupation

physician

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 29 / 2014

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dunnagan, Steven

Mailing Address

150 Hickory Creek Cir

City

Little Rock

State

AR

Zip Code

72212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Assoc

Occupation

physician

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Layton, Ann Dee

Mailing Address

1401 Bladen St

City

Jacksonville

State

AR

Zip Code

72076

FEC ID number of contributing
federal political committee.

C

Name of Employer

N. Pulaski Int Med

Occupation

physician

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2014

Amount of Each Receipt this Period

300.00

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

850.00

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

850.00

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 **2** OF **2**

☒ 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. Lowery Robert D

Mailing Address

105 Central Ave

City

Searcy

State

AR

Zip Code

72143

FEC ID number of contributing
federal political committee.

C

Name of Employer.

Lowery Eye Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 22 / 2014

Amount of Each Receipt this Period

300.00

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

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

300.00

1150.00

**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 ☐ 24 ☐ 25 ☐ 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. ARKANSAS Mailing Services

Mailing Address

PO Box 94071

City

N. Little Rock

State

AR

Zip Code

72190

Purpose of Disbursement

Mailing / postage

Candidate Name

N/A

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 / 22 / 2014

Amount of Each Disbursement this Period

136.64

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 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. Arkansas Medical Society Political Action Comm

Mailing Address

PO Box 55088

City

Little Rock

State

AR

Zip Code

72215

Purpose of Disbursement

Transfer to Corp pac acct

Candidate Name

n/a

0.11

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State:

District:

transfer to Corp pac acct

Date of Disbursement

09 / 23 / 2014

Amount of Each Disbursement this Period

5000.00

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 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. Democratic Party of Arkansas

Mailing Address

1300 W Capitol Ave

City

Little Rock

State

AR

Zip Code

72201

Purpose of Disbursement

Jefferson - Jackson Dinner

Candidate Name

0.11

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

N/A

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) Dinner

State:

District:

Date of Disbursement

08 / 20 / 2014

Amount of Each Disbursement this Period

500.00

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

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

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

Little Rock, Arkansas 72215-



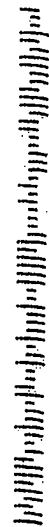
7012 2210 0000 9060 4181



Federal Election Commission
999 E Street NW
Washington, DC 20463

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U.S. MAIL CENTER

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1937-1938

(8/2013)