## FEC FORM 3X

Office

Use

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# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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**FEC FORM 3X** 

Rev. 12/2004

Office Use Only

	NAME OF COMMITTEE		PE OR PRINT ▼	Example: If typing, over the lines.	12FE4	การและสมุรณชนาการและครั้ง 1M5 การก็สาราธิการเสียงเลยรับการเสียง	
	Arkaws	AS Meio	ucicialli Soid	Nety Pol	litical 1	Acition	Com
		<u> </u>	<u> </u>	- G		11,1111	
	ADDRESS (number	r and street)	190 BX 15510	<u> </u>			
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6	2. FEC IDENTI	FICATION NUM	BER ▼ CI	Υ.Δ.	STATE A	ZIP CO	ODE A
		0290	ን § 3. 「	S THIS NE		AMENDED (A)	
	July Qual Qual Janu Year July Repo	Reports:  15 rterly Report (Q1) 15 rterly Report (Q2) ber 15 rterly Report (Q3) ary 31 -End Report (YE) 31 Mid-Year ort (Non-election Only) (MY) ination Report	Report Due On:  Ma  Apr  (c) 12-Day PRE-Election Report for the:	20 (M3) Jur 20 (M4) Primary (12P) Convention (12 n on General (30G)	20 (M6) 20 (M7) Gen C) Spe	State  off (30R)  in the	Special (30S)
	5. Covering Peri	ik er sederfilde angelå	01/20	through	09/3	2010	(France)
	I certify that I have Type or Print Nam		Report and to the best of Lydia F. Lane		lief it is true, correct Signated ×	t and complete.  Agent H. Se	st Suith
	Signature of Treas	urer <b>2</b>	Scotto)	mith	Date	LOL LI	2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**SUMMARY PAGE** 

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Page 2

Write or Type Committee Name

Report Covering the Period: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, • (b) Cash on Hand at Beginning of Reporting Period...... (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on



Schedule C and/or Schedule D) .....

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

FEC Form 3X (Rev. 06/2004)	of Receipts	Page <b>3</b>
Write or Type Committee Name		
Arkansas Medical St	Ocety Political Action	Committee
Report Covering the Period: From:	07 01 2016 то	0.9 80 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)▶	470°0	30.20.°°
(b) Political Party Committees		
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)  12. Transfers From Affiliated/Other  Party Committees	47000	3.0.Z0,°°
13. All Loans Received		
Loan Repayments Received      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	s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Non-Federal Account (from Schedule H3)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d),	been and considerate the entitle partition of the entitle and	As rise seems of the seems of t
12, 13, 14, 15, 16, 17, and 18(c))▶  20. Total Federal Receipts	470.00	3,02000
(subtract Line 18(c) from Line 19)▶	470.00	30a0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

- FEC Form 3X (Rev. 02/2003) Page 4 COLUMN B **COLUMN A** II. Disbursements **Total This Period** 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 24. Independent Expenditures 26. Loan Repayments Made..... 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 ...... 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))... 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

CARDINE COAST OF

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)	470°° 470°° 244254 244256	3020°0 3020°0 803929
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2016 -	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	i by any person committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		. 1	Λ
Full, Name (Last, First, Middle Initial)	ty to litical	Act	ior Committee
A. ARKANSAs Mailing S	princes		Date of Disbursement
Mailing Address POBL 94071	100		08 07 7016
	State Zip Code	D	
Mauling Dostasl		001	Amount of Each Disbursement this Period
Candidate Name	- Inc.	Category/	1252 83
Office Sought: House Disbursen		Туре	And the second s
	Primary ☐ General Other (specify) ▼		
State: District:			The survey of the work of the experience of the
Full Name (Last, First, Middle Initial)  B. ARKANSAS Mailing	Services		Date of Disbursement
Mailing Address			09/21/2011
PO Bx 94071	State Zip Code		Investment boundaries books and the second
N Little Kock	AR 72190	2	
Purpose of Disbursement  Marting Defaul	Ī	001	Amount of Each Disbursement this Period
Candidate Name		Category/	1 189 72
Office Sought: House Disbursem	ent For:	Туре	
Senate	Primary General	1	
State: District	Other (specify)		
Full Name (Last, First, Middle Initial)	<del></del>		B. 4-11
<b>C</b> .	·	-	Date of Disbursement
Mailing Address			
City	tate Zip Code		
Purpose of Disbursement	F		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	A TOUR OF LACT DISDUISCINCIL UIS PENDO
Office Sought: House Disburseme			Samuel Contract Contr
<b>├</b> ─-    <b>├</b> ─-	Primary ☐ General Other (specify) ▼		
State: District:	<del>-</del>		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	244256
TOTAL This Period (last page this line number only)			244.254

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE   OF 2
П	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	24 25 26
	•	Detailed Summary Page	21b 27	22 × 23 28a 28b	
A	ny information copied from such Reports and Staterr r for commercial purposes, other than using the name	ents may not be sold or use e and address of any politic	ed by any personal committee to	on for the purpose solicit contribution	of soliciting contributions as from such committee.
K	NAME OF COMMITTEE (In Full)				
	Arkansas Medical Socie	ty Political	Act	ion Co.	mmittee
А	Full Name (Last, First, Middle Initial)	0		Date of Disburs	sement
	Demoratic Hartyry +	<del>K.</del>		444 / 0	- 0 / V · V · V · V
3	Mailing Address 1300 W. Capitol	Ave		0.7	7016
	Little ROCK AR	tate Zip Code 722	201		
	Purpose of Disbursement  Jeffreson - Jackson	Dine		Amount of Eac	h Disbursement this Period
	Candidate Name		Category/		80000
	Office Sought:   House   Disbursem	ent For:	Туре		
	Senate	Primary (General			
	State: District:	Other (specify)			
	Full Name (Last, First, Middle Initial)				
В	Boozman, John	_		Date of Disburs	sement
	Mailing Address Bx 671			0.9 2	2 2014
		tate Zip Code	57		
	Purpose of Disbutsement	Ţ,	أسنسنسأ	Amount of Each	h Disbursement this Period
	Campaign Contribution	<u> </u>	O_) ) Category/	Amount of Each	2 CA CO
	Boozman, John		Type		
	Office Sought: House Disbursem	ent For: Primary 💢 General	İ		
	State: District:	Other (specify)			
_	Full Name (Last, First, Middle Initial)	<del> </del>			
C	· Crawford, Rick			Date of Disburs	ement
	Mailing Address DD 16954	<del></del>		09/2	2016
	City S	tate Zip Code 72403			
	Purpose of Disbursement				
	Candidate Name Contribution		Q I, I	Amount of Each	n Disbursement this Period
	Rick Crawford		Category/ Type		. 2500 04
	Office Sought:   House   Disbursem	ent For: Primary			
	\(\(\alpha\)\(\lambda	Other (specify)			
	SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		6300°
Ţ.	TOTAL This Period (last page this line number only)		<b>&gt;</b>		

Use separate schedule(s)

for each category of the

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PAGE

FOR LINE NUMBER:

(check only one)

SUBTOTAL of Disbursements This Page (optional)...

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

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

אבוא סטסס אובב בינטל

ARKANSA

Little Rock, Ark: P.O. Box 55088

2016 OCT 18

Federal Election Commission

999 E Street NW Washington, DC 20463

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LITTLE ROCK MR 722

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Federal Election Commission
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Received from Electronic Filing Office	Date of Receipt
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PREPARER (3/2015)	10/18/16 DATE PREPARED