

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 OCT 22 AM 8:35

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 Committee

ADDRESS (number and street) P.O. Box 55088

Check if different than previously reported. (ACC)

Little Rock AR 72215-15088

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 07 / 01 / 2008 in the State of AR

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on 07 / 01 / 2008 in the State of AR

5. Covering Period 07 / 01 / 2008 through 09 / 30 / 2008

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 Stephen Magie, MD Designated Agent H. Scott Smith

Signature of Treasurer *H. Scott Smith*

Date 10 / 13 / 2008

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

28039884595

**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 ' 2008

To:

09 ' 30 ' 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2008</u>		<u>1130932</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>1037647</u>	
(c) Total Receipts (from Line 19)	<u>112889</u>	<u>459504</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>1150536</u>	<u>1590436</u>
7. Total Disbursements (from Line 31).....	<u>102000</u>	<u>541900</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>1048536</u>	<u>1048536</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>- 0 -</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>- 0 -</u>	



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

28039884596

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** / **2008**

To:

09 / **30** / **2008**

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)).....▶

.....

.....

..... **1110.00**

..... **4510.00**

.....

.....

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

.....

.....

.....

.....

..... **1110.00**

..... **4510.00**

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.).....

..... **18.89**

..... **85.04**

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)).....▶

..... **1128.89**

..... **4595.04**

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

..... **1128.89**

..... **4595.04**

28039884597

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

28039884598

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		119 ⁰⁰
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		119 ⁰⁰
22. Transfers to Affiliated/Other Party Committees	1,020 ⁰⁰	4,300 ⁰⁰
23. Contributions to Federal Candidates/Committees and Other Political Committees	- 0 -	1,000 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	- 0 -	- 0 -
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)) ..	1,020 ⁰⁰	5,419 ⁰⁰
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,020 ⁰⁰	5,419 ⁰⁰

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)	1110 ⁰⁰	4510 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1110 ⁰⁰	4510 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-0-	119 ⁰⁰
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	119 ⁰⁰

28039884599

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
Metropolitan National Bank

Mailing Address
PO Box 8010

City *Little Rock* State *AR* Zip Code *72203*

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) *Interest*

Aggregate Year-to-Date

Date of Receipt
 07 31 2008

Amount of Each Receipt this Period
 628

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

Mailing Address
11 SAME

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
 08 31 2008

Amount of Each Receipt this Period
 660

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

Mailing Address
SAME

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
 09 30 2008

Amount of Each Receipt this Period
 601

SUBTOTAL of Receipts This Page (optional).....	<input type="checkbox"/> 889
TOTAL This Period (last page this line number only).....	<input type="checkbox"/> 889

28039884600

**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)

21b
 22
 23
 24
 25
 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. American Medical Association Political Action Committee

Date of Disbursement

07 31 2008

Mailing Address

1101 Vermont NW

City

Washington

State

Dc

Zip Code

20005

Purpose of Disbursement

Transfer

008

Category/Type

Amount of Each Disbursement this Period

220.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify)

State:

District:

B. American Medical Association Political Action Committee

Date of Disbursement

08 21 2008

Mailing Address

1101 Vermont NW

City

Washington

State

Dc

Zip Code

20005

Purpose of Disbursement

Transfer

008

Category/Type

Amount of Each Disbursement this Period

350.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify)

State:

District:

C. American Medical Association Political Action Committee

Date of Disbursement

09 08 2008

Mailing Address

1101 Vermont NW

City

Washington

State

Dc

Zip Code

20005

Purpose of Disbursement

Transfer

008

Category/Type

Amount of Each Disbursement this Period

200.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional)

770.00

TOTAL This Period (last page this line number only)

28039884601

**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 2 OF 4

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. American Medical Association Political Action Committee

Date of Disbursement

09 / 18 / 2008

Mailing Address

1101 Vermont NW

City

Washington

State

Dc

Zip Code

20005

Purpose of Disbursement

Transfer

008

Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. American Medical Association Political Action Committee

Date of Disbursement

09 / 30 / 2008

Mailing Address

1101 Vermont NW

City

Washington

State

Dc

Zip Code

20005

Purpose of Disbursement

Transfer

008

Category/
Type

Amount of Each Disbursement this Period

150.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. American Medical Association Political Action Committee

Date of Disbursement

09 / 30 / 2008

Mailing Address

1101 Vermont NW

City

Washington

State

Dc

Zip Code

20005

Purpose of Disbursement

Transfer

008

Category/
Type

Amount of Each Disbursement this Period

250.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

250.00

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

020.00

28039884602

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/14/08</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

10/22/08
 DATE PREPARED

28039884603