

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2018 APR 18 AM 9:21
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 ▲

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

M M / D D / Y Y Y Y Y Y

in the State of

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

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

01 01 2018

through

03 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

04 12 2018

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 / 2018

To:

03 / 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.....

57,093.26

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

547.00

547.00

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

57,640.26

57,640.26

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

7,892.91

7,892.91

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

49,747.35

49,747.35

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. 05/2016)

Page 3

Write or Type Committee Name

ARKANSAS MEDICAL Society Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2018

To:

MM / DD / YYYY
03 / 31 / 2018

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).....▶

300.00
247.00
547.00

300.00
247.00
547.00

547.00

547.00

-0-

-0-

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--

--

-0-

-0-

547.00

547.00

547.00

547.00

2018-04-18 00:00:00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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).....

2892.91
2,892.91

5000.00

-0-

7,892.91

7,892.91

2,892.91
2,892.91

5,000.00

-0-

7,892.91

7,892.91

2018-04-18 00:00:00

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)	547.00	547.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	547.00	547.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,892.91	2,892.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,892.91	2,892.91

20180418 00:00:00

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 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. Moseley, Claiborne

Mailing Address

1007 E. Matthews

City

Jonesboro

State

AR

Zip Code

72401

FEC ID number of contributing
federal political committee.

00002907

Name of Employer (for Individual)

ARIC Orthopaedics

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
03 / 02 / 2018

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

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

300.00

300.00

2018-04-18-00206644

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 81

☒ 21b ☐ 22 ☐ 23 ☐ 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)

Date of Disbursement

03 / 01 / 2018

FEC Identification Number

C 00002907

Amount of Each Disbursement this Period

2,892.91

Memo Item

A.

Ark Mailing Services

Mailing Address
PO 94071

City
N. Little Rock

State
AR

Zip Code
72190

Purpose of Disbursement
Mailing & forms & postage

Candidate Name
Ma

001

Category/
Type

Office Sought:
☐ House
☐ Senate
☐ President
ma

Disbursement For:
☐ Primary ☐ General
☒ Other (specify)
office / postage

State: District:

B.

Date of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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:

C.

Date of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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:

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

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

2,892.91

2,892.91

2018-04-18 PM 08:00:05

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

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NAME OF COMMITTEE (In Full)

ARKANSAS MEDICAL Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crawford, Rick

Mailing Address

PO Box 16956

City

Jonesboro

State

AR

Zip Code

72103

Purpose of Disbursement

Re-election

Candidate Name

Rick Crawford

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

State: AR

District: 4

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

Date of Disbursement

03 / 27 / 2018

FEC Identification Number

C 00002907

Amount of Each Disbursement this Period

2,500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Westerman, Bruce

Mailing Address

PO Box 21097

City

H. Springs

State

AR

Zip Code

71903

Purpose of Disbursement

RE-Election

Candidate Name

Bruce Westerman

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

State: AR

District: 4

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

Date of Disbursement

03 / 27 / 2018

FEC Identification Number

C 00002907

Amount of Each Disbursement this Period

2,500.00

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

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

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



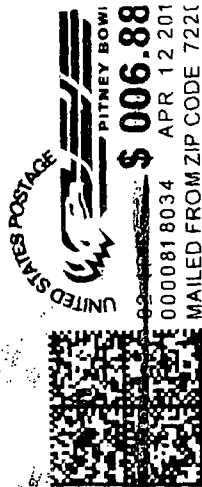
ARKANSAS MEDICAL SOCIETY
P.O. Box 55088
Little Rock, Arkansas 72215-0588

7012 2210 0000 9060 4570



APR 18 2018
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Washington, DC 20463

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 PREPARER (3/2015)	4/18/2018 DATE PREPARED

20180418 09:00:00