

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2018 OCT 16 AM 8:32

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)

P.O. 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

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X 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

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

07 / 01 / 2018

through

09 / 30 / 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, M.D. Designated Agent: H. Scott Smith

Signature of Treasurer

H. Scott Smith

Date

10 / 11 / 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:

07 / 01 / 2018

To:

09 / 30 / 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.....

40,663.92

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

360.00

3,907.00

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

41,023.92

61,000.26

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

2,500.00

22,476.34

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

38,523.92

38,523.92

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

2018-10-19 09:00 AM 6/4/5

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:

07 / 01 / 2018

To:

09 / 30 / 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).....▶

360.00

360.00

360.00

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

360.00

360.00

800.00

3107.00

3907.00

3907.00

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

3907.00

3907.00

2018-10-16 PM 00:00:49

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)

-0-

-0-

-0-

-0-

2,500.00

2,500.00

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

2,500.00

2,500.00

-0-

-0-

-0-

8,476.34

8,476.34

14,000.00

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

-0-

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-0-

-0-

22,476.34

22,476.34

2018-10-16 PM 00:00:07

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)	360.00	3907.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	360.00	3907.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-0-	8476.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	8476.34

2018-10-16 PM 00:00:48

**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. Crawford, Rick

Mailing Address

PO Box 16956

City

Jonesboro

State

AR

Zip Code

72403

Purpose of Disbursement

General Election

Candidate Name

Rick Crawford

Office Sought:

☒ House

Disbursement For:

☐ Primary

☒ General 2018

☐ Other (specify) ▼

US
House
State: AR

☐ Senate
☐ President
District: 1

Date of Disbursement

08 / 22 / 2018

FEC Identification Number

C 0002907

Amount of Each Disbursement this Period

2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

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

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

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).....▶

2500.00



ARKANSAS MEDICAL SOCIETY

P.O. Box 55088

Little Rock, Arkansas 72215-5038



7012 2210 0000 9060 4655

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18



02 1P

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MAIL-ENTERON

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OCT 10 2018

A ZIP CODE 72205

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FEC


999 E Street NW

Washington, DC 20463

SECRET

THE UNIVERSITY OF CHICAGO

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
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-10-18
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	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"/>
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