



ARKANSAS MEDICAL SOCIETY

P.O. Box 55088 • Little Rock, AR • 72215-5088
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2015 MAY 11 AM 11:58

May 5, 2015

FEC

999 E Street NW

Washington, DC 20163

RE ID # C00002907 – Arkansas Medical Society Political Action Committee (federal)

To whom it may concern:

Enclosed is report covering period 3rd quarter 2014. I had made a clerical error in the report and spoke with Romy Adame-Wilson (Campaign Finance Analyst), and amended this report enclosed.

Thank you for your attention. Please feel free to contact me regarding this report.

Sincerely,

Teresa Newcomb

AMS Bookkeeper

**FEC
FORM 3X**

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

RECEIVED
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2015 MAY 11 AM 11:58

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P)
- ☐ Convention (12C)

- ☐ General (12G)
- ☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the
State of

State

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

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

State

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 Lydia F. Lane, MD - Designated Agent H. Scott Smith

Signature of Treasurer

H. Scott Smith

Date

05 / 05 / 2015

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	7,636.64
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)..... ▶

11.50 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

Page 4

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- **pensitures**

COLUMN A **Total This Period**

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

33. Total Contributions (other than loans) (from Line 11(d), page 3)	369500	1869700
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	369500	1869700
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)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13664	13664

1501423756

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. Barker, Jefferey

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

Rad:logy 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**

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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 ☒ General
☐ Other (specify) ▼

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

300.00

150.00

**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

na

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)
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. 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

Date of Disbursement

08 / 20 / 2014

Amount of Each Disbursement this Period

500.00

Office Sought:

☐ House
☐ Senate
☐ President

N/A

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) Dinner

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

500.00

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

500.00

**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 Medical Society Political Action
Mailing Address PO Box 55088 COM. State Act

City Little Rock State AR Zip Code 72215

Purpose of Disbursement Contribution to AMSPA State Act

Candidate Name N/A

Office Sought: ☐ House ☐ Senate ☐ President
na

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) contribution

State: District: PAC State Act

Date of Disbursement

09 / 23 / 2014

Amount of Each Disbursement this Period

5000.00

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

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).....▶

5000.00

5000.00



ARKANSAS MEDICAL

P.O. Box 55088

Little Rock, Arkansas 72215



7009 1410 0000 1580 0855



PITNEY BOWES

\$ 006.690

02 1P

0000818034 MAY 05 2015

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999 E Street NW
Washington, DC 20463

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<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"/>
<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
(3/2015)

DATE PREPARED
8/11/15