SOCIETY

P.O. Box 55088 • Little Rock, AR • 72215-5088 FEC NACE VED

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1915 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.

Charles and Control

Sincerely,

Juesa Neuxuns

Teresa Newcomb

AMS Bookkeeper

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1503 142 3752

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER
2015 MAY II AM II: 58

	97,087,07			Office U	ise Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example over the	: If typing, type lines.	12FE4M5	- 974
Arikia NISIAISI ME	eidiicali S	oci erty	Proliiti	cal Act	iion Com
ADDRESS (number and street)	P.O. B.X. 5	5.0.8.8.			
Check if different than previously reported. (ACC)	Little	Rock		[A,R] [7,2,2	4151-
2. FEC IDENTIFICATION NU	JMBER ▼	CITY A	,	STATE A	ZIP CODE A
C 0,00,029C		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Election Report for the second secon	ne: Converse	rention (12C)	Runoff (30R)	in the State of Special (30S)
5. Covering Period	7 01 20) (4 th	rough D9	30 20	DIA L
certify that I have examined thi Type or Print Name of Treasurer					Scot Smith
Signature of Treasurer	V. Scoth	Smith	/ D	ate 051 / 0	2015
NOTE: Submission of false, errone	eous, or incomplete inform	nation may subject	the person signing th	is Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name	· ·	
Arkanias Médical Socie	ty Political Action Co	muittee.
Report Covering the Period: From:	01 101 120141 TO	- 150 / 150 A15 Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		86244 8
(b) Cash on Hand at Beginning of Reporting Period	9976080	
(c) Total Receipts (from Line 19)	.369500	18.710.9
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10.2.955.80	104.955
7. Total Disbursements (from Line 31)	5.63664	7.6.364
Cash on Hand at Close of Reporting Period		Samuel Committee of Committee o
(subtract Line 7 from Line 6(d))	9,7,3,19,16	9.7.3/9/
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		The state of the s
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		and the second of the second o

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
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FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
	ociety Political Action	Committee
Report Covering the Period: From:	07 01 ZO.14 To.	0.9 30 20 14
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)	115000	715000
(i) iternized (use schedule A)		Line to the second
(ii) Uniternized	854500	11 547 00
(iii) TOTAL (add		
	21.95-00	18 69 7 00
Lines 11(a)(i) and (ii)▶		La La Danille / e / e
(h) Delitical Borts Committees		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)(d) Total Contributions (add Lines		
	9-1	
11(a)(iii), (b), and (c)) (Carry	369500	18 19700
Totals to Line 33, page 5) 12. Transfers From Affiliated/Other		
Party Committees		a Charles Car Burn Charles
Party Committees		
13. All Loans Received	* · · · · · · · · · · · · · · · · · · ·	रस्कृतका भागस्य वस्ति है।
TO, All LOCATO FROCETOR MANAGEMENT		
Karangan ya sa Manga <u>n</u> a ngayang	The state of the s	
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		्या ४८ व्यक्ति है। अनु
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made	· · ·	in the state of th
to Federal Candidates and Other		
Political Committees		A STATE OF THE STA
17. Other Federal Receipts	* * * * * * * * * * * * * * * * * * * *	1202
(Dividends, Interest, etc.)		1392
18. Transfers from Non-Federal and Levin Fun	OS	ः जन्मक्ति पुरस्कारणः । दुस्
(a) Non-Federal Account		
	- Luciania de la compansión de la compan	
emery to the second of the sec	Participants to the financial control of the contro	
(b) Levin Funds (from Schedule H5)	with the last of t	。 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1 199 (F. 1994) (18, 177) (B. 176) (B. 194)
(c) Total Transfers (add 18(a) and 18(b))	~ 0 =	を 2000年 20
الراب الله الله الله الله الله الله الله ال	AND THE PROPERTY OF THE PROPER	e, the Historyana (whichman
dente de la companya	Transfer of the second	The second secon
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	56,9.50	1871092
	AND ADDRESS OF THE PROPERTY AND ADDRESS AN	
20. Total Federal Receipts		(67/50=
(subtract Line 18(c) from Line 19)▶	2.695	1.8 1.1072

DETAILED SUMMARY P	ЪД	(GE
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of Disbursements

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21:	Operating Expenditures:	rom: Hilly 1 Grow	Calculation (Alexandria)
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating	Control of the Contro	Principal Company of the Company of
	Expenditures	13664	13.6.64
	(c) Total Operating Expenditures	manipulation of the state of th	
	(add 21(a)(i), (a)(ii), and (b))	13664	1366t
22.	Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	2000	250000
24.	Independent Expenditures		
ΩE	(use Schedule E)		
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)		
26.	Loan Repayments Made		
	Loans Made		
20.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
			1. 30.
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	50.00	5,000 00
	Federal Election Activity (2 U.S.C. §431(20))		•
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) It asia Chara		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds(c) Total Federal Election Activity (add "		
kus.			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
21	Total Dichurcomente (add Lines 21/s) 02		
	Total Disbursements (add Lines 21(c), 22,	612161	7/21/64
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5,636,64	163664
22	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		•
	from Line 31)	563664	763664
	<u> </u>	10000	

DETAILED SUMMARY PAGE

of Disbursements

Page 5

FEC Form 3X (Rev. 02/2003)

		<u>.</u>	3
** 111	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) (from Line 11(d), page 3)	369500	18,69.700
34.	Total Contribution Refunds (from Line 28(d))		-0-
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	369500	1869700
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13664	136-64
	Offsets to Operating Expenditures (from Line 15, page 3)	-D -	-0-
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	13664	13664

SCHEDULE A: (FEC Form 3X)	art to Dispersion and the Control of	FOR LINE NUMBER: PAGE 1, OF 2
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	V 11a 11b 11c 12
Any information copied from such Reports and Statemer	the may not be cold or used by any por	
or for commercial purposes, other than using the name	and address of any political committee t	so solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Arkanoas Medical Society	, Political Action (م ملاء الم
Full Name (Last, First, Middle Initial)	1 PORTICE / CELION (JAM I WEEL
A. Backer, Teffrey		Date of Receipt
Mailing Address		HAH
10 River Oaks Cie		09 29 20.14
City Little Rock Le Sta	te Zip Code 72207	Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Necept this remod
federal political committee.		3000
Name of Employer Occup	pation	
Ark Otologyagology	Physician	
Densint Form	egate Year-to-Date ▼	
Primary X General		
Other (specify) ▼		
Full Name (Last, First, Middle Initial)		
B. Dunnagan Steven		Date of Receipt
Mailing Address Hickory Check	0	0 7 7 7 7 7 0 1 1 1 1 1 1 1 1 1 1 1 1 1
City Stat		104 63 6019
Little Rock AR	72212	Amount of Each Receipt this Period
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federal political committee.	- to the state of	
Name of Employer Occur	pation	
Kad: logy Assoc	physician	
Receipt For: Aggre Primary General	egate Year-to-Date ▼	i. ' '
Other (specify)	2500	
Full Name (Last, First, Middle Initial)		
C. Layton, Ann Dee Mailing Address		Date of Receipt
Mailing Address 1401 Braden St	4.75	07 24 2014
City Jacksonville State		Kanadirana kanadanak Panadanak kanadalah
Jackson Le	72076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	- Control of the Cont	3000
Name of Employer N. Pulaski Int Med C		·
Descript Com) hysician	·
Primary General Aggre	gate Year-to-Date ▼	
Other (specify) ▼	300,00	
		<u> </u>
SUBTOTAL of Receipts This Page (optional)		ESU 00
TOTAL This Period (last page this line number only)	•	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the 11a 11b 12 11c Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee

ſο	Liot commetcial barboses, orner man asitid me	e name and address of any political committee to	somet contributions noni such confinitee.
	NAME OF COMMITTEE (In Full)	Durty Political Action	· Counter
Ľ.	Full Name (Last, First, Middle Initial)	Tollina / Clip	
A.		D	Date of Receipt
	Mailing Address 105 Central Ave		07/22/2014
	City # Searcy	LR 72143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Ge 202 - 1
	Name of Employer Lowery Exclusion	Occupation Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
_		de and among the state of the s	
В.	Full Name (Last, First, Middle Initial)		Date of Receipt
٠.	Mailing Address	· · · · · · · · · · · · · · · · · · ·	
	City	State Zip Code	Amount of Each Receipt this Period
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	Name of Employer	Occupation	
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	Primary General Other (specify) ▼	programment of the second of t	
		the ment of the second district the second second second district the second d	
C.	Full Name (Last, First, Middle Initial)	, ,	Date of Receipt
	Mailing Address		
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
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卜	SUBTOTAL of Receipts This Page (optional)		
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SCHEDULE B	(FEC	Form	3X)
ITEMIZED DISE	BURSE	MENT	S

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE OF
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	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem	nents may not be sold or used	i by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		. 1	A > 1
Arkonsas Medical Socie Full Name (Last, First, Middle Initial)	ty to litical	Act	ior Committee
^	\$.		Date of Disbursement
HAKANSAS Mailing	Services		
Mailing Address 94071			104 12 120 14
	tate Zip Code LAL 7219	D	•
Purpose of Disbursement	=		
Mailing postage		0.0.1	Amount of Each Disbursement this Period
Candidate Name)		Category/ Type	13664
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	Primary ☐ General Other (specify) ▼		+
State: District:			in a surface of the s
Full Name (Last, First, Middle Initial)	•		
В.			Date of Disbursement
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City	tate Zip Code	[
Purpose of Disbursement			And the second s
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
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Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City	tate Zip Code		
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursem		Туре	
- Hand - I	ent For: Primary General		
President	Other (specify)		·
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		PAGE OF THE NUMBER: PAGE O
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Arkonsas Medical Socie		1
Full Name (Last, First, Middle Initial)	3	
A. Democratic Heuty of Arkanson		Date of Disbursement
Mailing Address 1300 W Capital Ave		08 20 3014
City Little Rock A	tate Zip Code 72201 Dinner Cate	
State: President President	ent For: Primary General Other (specify) Dinner	
'Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		
City St	tate Zip Code	
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	ent For: Primary General Other (specify) ▼	
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Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address	· · · · · · · · · · · · · · · · · · ·	THE PERSON NAMED IN COLUMN 1
City Sta	ate Zip Code	
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Candidate Name	Catego	ory/
H 1 H	rimary General	
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TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check online for each category of the	
•	Detailed Summary Page 21b	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and States		
or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full)	. 1	
Arkansas Medical Socie	tu folitical Act	tion Committee
Full Name (Last, First, Middle Initial)		
A. Anylysia Malin O. Sa	ety Political Action	Date of Disbursement
Mailing Address	COU. State	09 23 7014
70 15k 55086	Acd	
city Little Rock te	State Zip Code 72-215	
Purpose of Disbursement		•
	e State text 011	Amount of Each Disbursement this Period
Candidate Name	Category/	5000 0
Office Sought: House Disbursen	Type nent For:	
- Ho	D	
President	Other (specify) Countribution	
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B.	•	Date of Disbursement
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· dipose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/	
Office Sevents	Туре	
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0.		Buth , Dab , VIV V
Mailing Address		
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Only 3	tate Zip Code	
Purpose of Disbursement		
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	Category/ Type	1
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├ -	Primary General .	
State: District:	Other (specify)	
		

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

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

MAIL CENTER 2015 MAY 11 AH 11: 58

Federal Election Commission 999 E. Street NW Washington, DC 20463



ARKANSAS MEDI Little Rock, Arkansas 72215 P.O. Box 55088



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
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PREPARER	S/(1/15 DATE PREPARED

(3/2015)