

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

12 JUL 17 AM 11:44

FEC MAIL CENTER

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

African American Political Action Committee

ADDRESS (number and street)

P.O. Box 55088

Check if different
than previously
reported. (ACC)

Little Rock

AR 72215-5088

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:

<input type="checkbox"/>	Feb 20 (M2)	<input type="checkbox"/>	May 20 (M5)	<input type="checkbox"/>	Aug 20 (M8)	<input type="checkbox"/>	Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/>	Mar 20 (M3)	<input type="checkbox"/>	Jun 20 (M6)	<input type="checkbox"/>	Sep 20 (M9)	<input type="checkbox"/>	Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/>	Apr 20 (M4)	<input type="checkbox"/>	Jul 20 (M7)	<input type="checkbox"/>	Oct 20 (M10)	<input type="checkbox"/>	Jan 31 (YE)

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

Primary (12P)
 Convention (12C)

General (12G)
 Special (12S)

Runoff (12R)

Election on

in the
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

04 / 01 / 2012

through

06 / 30 / 2012

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

Tracy Baltz, MD Designated Agent H. Scott Smith

Signature of Treasurer



Date

07 / 13 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

<input type="checkbox"/> Office Use Only								
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FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

ARKANSAS Medical Society Political Action Committee

Report Covering the Period:

From:

04 01 2012

To:

06 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	<u>2012</u>	<u>57285.00</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>62297.92</u>	
(c) Total Receipts (from Line 19).....	<u>6483.24</u>	<u>11496.16</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>68781.16</u>	<u>68781.16</u>
7. Total Disbursements (from Line 31).....	<u>-0-0.00</u>	<u>00.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>68781.16</u>	<u>68781.16</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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 Affiliate/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
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		
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))..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

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:

04 01 2012

To: 10 30 2012

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).....	24.00 00	4500 00
(ii) Unitemized	4080 00	6990 00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....	64.80 00	11490 00
(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).....	64.80 00	11490 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.).....	3.24	16.14
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)).....	64.83 24	11496.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	64.83 24	11496.16

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds
(from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
37. Offsets to Operating Expenditures
(from Line 15, page 3).....
38. Net Operating Expenditures
(subtract Line 37 from Line 36)

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

6 480 00	11 490 00
-0-	-0-
6 480 00	11 490 00

12030850760

12030850761

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 3
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input 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)
Burge, John P.

Mailing Address

2918 Louis Sessions

City

Lake Village

State

AR

Zip Code

71653

FEC ID number of contributing
federal political committee.

C [REDACTED]

Name of Employer

Lake Village Clinic

Occupation

physician

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 10 / 2012

Amount of Each Receipt this Period

300.00

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

Ferguson, Clay

Mailing Address

114 S. Main

City

Nashville

State

AR

Zip Code

71852

FEC ID number of contributing
federal political committee.

C [REDACTED]

Name of Employer

-

Occupation

physician

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 09 / 2012

Amount of Each Receipt this Period

300.00

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

Gehl, Jerome

Mailing Address

33 Edgewood

City

Little Rock

State

AR

Zip Code

72207

FEC ID number of contributing
federal political committee.

C [REDACTED]

Name of Employer

Radiology Assoc

Occupation

physician

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 28 / 2012

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ►

900.00

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

900.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 3

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Langston, Lloyd G

Mailing Address

220 Lake Lane

City

State

Zip Code

Hot Springs AR 72543

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

Full Name (Last, First, Middle Initial)

B. Martin, Kenneth A

Mailing Address

8907 Kanis Rd # 330

City

State

Zip Code

Little Rock AR 72205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Knee & Sports Med Center

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

C. Powell, Brenda

Mailing Address

14 Lakeside Ln

City

State

Zip Code

Hot Springs AR 71901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

900.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 3
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Wirges, Richard

Mailing Address

10301 Kanis Rd

City

Little Rock

State

Zip Code

AR 72205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Arkansas

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 10 2012

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Vetrington, Dennis B.

Mailing Address

1609 N. Medical Plaza

City

Stuttgart

State

Zip Code

AR 72160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Med

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 13 2012

Amount of Each Receipt this Period

300.00

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

MM DD YYYY

Amount of Each Receipt this Period

100.00

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

100.00

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

2400.00

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) 7/12/12
<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
		<input type="checkbox"/> Next Business Day Delivery
<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
<i>JMP</i>		<i>7/17/12</i>
PREPARER (3/2005)		DATE PREPARED