

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 DEC -8 AM 11:56
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 ▲

00002907

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 in the State of

(d) 30-Day POST-Election Report for the: ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on 11/08/2016 in the State of AR

5. Covering Period 10/01/2016 through 11/28/2016

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, M.D. Designated Agent H. Scott Smith

Signature of Treasurer

H. Scott Smith

Date

12/02/2016

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						
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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:

10 01 2014

To:

11 28 2016

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1, 2016

87097.82

(b) Cash on Hand at
Beginning of Reporting Period

58278.53

(c) Total Receipts (from Line 19)

1260.00

4280.00

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

59538.53

91377.82

7. Total Disbursements (from Line 31)

1834.64

33673.93

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

57703.89

57703.89

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

Page 3

Arkansas Medical Society Political Action Committee

From:

10 01 2016

To:

11 / 28 / 2016

COLUMN B
Calendar Year-to-Date

- 1260.00
1260.00

4280⁰⁰
4280⁰⁰

4280⁰⁰

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) ▶

1760.00

1760.00

42.80.00

42.80.00

Page 4

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1,260.00	4,280.00
34. Total Contribution Refunds (from Line 28(d))	—	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,260.00	4,280.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,120.51	9,159.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	—	—
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,120.51	9,159.80

2016-12-08 09:00:00

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 OF 1

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 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. Horton Brothers Printing

Date of Disbursement

10 / 06 / 2016

Mailing Address

PO 5668

City

N. L. Rock

State

AR

Zip Code

72119

Purpose of Disbursement

Printing

001

Candidate Name

n/a

Category/
Type

Amount of Each Disbursement this Period

8,698.2

Office Sought:

☐ House

☐ Senate

☐ President

n/a

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. ARKANSAS Medical Society

Date of Disbursement

11 / 18 / 2016

Mailing Address

PO Box 55088

City

Little Rock

State

AR

Zip Code

72215

Purpose of Disbursement

Postage & Membership drive

001

Candidate Name

n/a

Category/
Type

Amount of Each Disbursement this Period

2,506.9

Office Sought:

☐ House

☐ Senate

☐ President

n/a

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

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

11,205.1

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

11,205.1

**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. Ark Medical Political Action Committee

Mailing Address PO Box 55088

City Little Rock State AR Zip Code 72215

Purpose of Disbursement Reimb Bank & cc feed

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

11 / 22 / 2014

Amount of Each Disbursement this Period

71413

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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

71413

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.

☐

Hand Delivered

Date of Receipt

☐

USPS First Class Mail

Postmarked

Date of Receipt

☒

USPS Registered/Certified

Postmarked (R/C)

12/2/16

☐

USPS Priority Mail

Postmarked

☐

USPS Priority Mail Express

Postmarked

☐

Postmark Illegible

☐

No Postmark

☐

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

PREPARER

(3/2015)



DATE PREPARED

12/18/16

2016-12-08 09:00:27 67