2016 - 12 - 08 - 08 - 00122759

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

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	ž)
ArikiAiNISIAISI MI	ediciciali Soici	heity Poolit	icial Acitico	ON CON.
				
ADDRESS (number and street)	190 Bx 5508	8.8.	· · · · · · · · · · · · · · · · · · ·	
Check if different than previously reported. (ACC)	16, i++, 1, e, 18,00	<u> </u>	[AR] [7,2,2	<u></u>
2. FEC IDENTIFICATION N			STATE ▲	ZIP CODE ▲
000029	7 3. IS	THIS NEW PORT (N) O	AMENDED)
4. TYPE OF REPORT (Choose One)	Report sees	0 (M2) May 20 (N	Arrest .	Year Only)
(a) Quarterly Reports:	Mar 2	0 (M3) Jun 20 (M	dinari grang	Year Only)
April 15 Quarterly Report (Benefit	D (M4) Jul 20 (M7	7)	Jan 31 (YE)
July 15 Quarterly Report (PRE-Election	Convention (12C)	Special (12S)	Benzi (12.1)
October 15 Quarterly Report (C	1	in i	· Endinated and a Europe of	in the
Year-End Report (YE) Election	on I was been a few about the	hanisanimani 1	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		on 11 / 08	2016	in the State of AR
5. Covering Period	01 2014	through	[28 20	216
certify that I have examined the	nis Report and to the best of m	y knowledge and belief it is	true, correct and compl	ete.
Type or Print Name of Treasure	er Lyda F. Lane,	MD. Design	ated Agent	H. Sott Swith
Signature of Treasurer	21. Setto 5.	ml	Date 12	22 2016
NOTE: Submission of false, erron	neous, or incomplete information	may subject the person signing	a this Report to the penal	lties of 2 U.S.C. 6437a
Office Use			4	C FORM 3X

SUMMARY	PAGE
OF RECEIPTS AND DIS	SBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name ARKANSAS MEDICAL SO	ci-Tu Political da	tion Counitlee
	and beard becaused	To: 11 28 2016
Report Covering the Ferrod. From:	ii) on to the second of the se	or in the second second second second
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 20 (6)	and the second of the second o	87097 82
(b) Cash on Hand at Beginning of Reporting Period	residencial carrieration and resident controls with the resident fittings and severe waste.	Andrew San Carlo Line San Line San Carlo Barrier San
(c) Total Receipts (from Line 19)	The second secon	428000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5953853	9137782
7. Total Disbursements (from Line 31)	and the second s	33.673.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5770389	5770389
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	e menterantement en returnit minimum annotations	. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19



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	
FEC Form 3X (Rev. 06/2004)	- of Receipts	Page 3
		rage 3
Write or Type Committee Name		0
Arkansas Medical So	Crety Political Activ	an Committee
Report Covering the Period: From:	0'01'2016	To: [[[28 / 2016
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	126000	478000
(iii) TOTAL (add		1126289
Lines 11(a)(i) and (ii)	1-2.6.0	4.2.8.0
(h) Belisted Barto Committees		
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	12/200	(12,00)
Totals to Line 33, page 5)	<u> </u>	
12. Transfers From Affiliated/Other Party Committees		
, a.y commession		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		l Line in a
to Federal Candidates and Other	15.00.0	and the state of t
Political Committees		A second control of the second control of th
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		en e
(a) Non-Federal Account		

(c) Total Transfers (add 18(a) and 18(b))...

(from Schedule H3).....

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)	

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DETA	ILED	SI	JMM/	ARY	PAGE

1		DETAILED SUIVINANT PAGE	
	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.		Total fills relied	Calendar rear-to-bate
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	(i) Tederal Offare		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
•	Expenditures	112051	915980
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))	1 205	415980
22.	Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees		73,300,00
24.	Independent Expenditures		The state of the s
	(use Schedule E)		
25.	Coordinated Party Expenditures	Proceedings of Spring S	
· .	(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))		
	0.1. 5.1		(2)/1/12
29.	Other Disbursements	t. L. 4 13	1,517.9
30	Federal Election Activity (2 U.S.C. §431(20	···	
00.	(a) Allocated Federal Election Activity	<i>0</i>)	
	(from Schedule H6)		
•	(i) Federal Share		
	(,, , , , , , , , , , , , , , , , , , ,		
	(ii) "Levin" Share		
٠.	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
eri. W	(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))	102464	33-67-3-93
		L. J.	1
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Service of the servic	handle and the state of the sta
	from Line 31)	183464	3367393
	·	in and the second the second second	

DETAILED SUMMARY PAGE

of Disbursements

Page 5

FEC Form 3X (Rev. 02/2003)

	. 20 . 5 5 (52.2555)		
111.	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)	126000	42800
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12600	428000
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)	112051	9 159 80

	•		
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Arkansas Medical Socie	ty Political	Act	ion Committee
A. Horton Brothers Prin	ting.		Date of Disbursement
Mailing Address PO 5668	·		10 00 2019
N.L.Rak AR Purpose of Disbursement Prunting	tate Zip Code 72119	001	Amount of Each Disbursement this Period
x 10-		Category/ Type	8.6.9.82
State: District: Full Name (Last, First, Middle Initial) B. Arkansas Medical Mailing Address Bx 550 86	boudy		Date of Disbursement
Purpose of Disbursement Postage d Memurusha Candidate Name Office Sought: House Disbursem Senate		D.O. I Category/ Type	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Disbursement
City	tate Zip Code		
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	
SUBTOTAL of Disbursements This Page (optional)		······ Þ	1.1.2.057
TOTAL This Period (last page this line number only)		······ >	

SCHEDULE B (FEC FORM 3A)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF		
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)	24 725 26
·	Detailed Summary Page	27	28a 28b	28c V 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or used e and address of any political	by any perso	n for the purpose of solicit contributions from	liciting contributions
NAME OF COMMITTEE (In Full)				
Arkansas Medical Socie	ty Political	Act	ion Comm	itee
Full Name (Last, First, Middle Initial)	,		Data of Dishurasmont	
A. Acr Malica O Dolical Action Countitle			Date of Disbursement	
A. Ark Medical Polical Action Counitlee Mailing Address DO BK 55088			11/22	2014
Little ROUL A	tate Zip Code			
Purpose of Disbursement Reign to David CC 1		507		
Candidate Name	ا	000	Amount of Each Disb	ursement this Period
Cardidate Name Category/				7(413
Office Sought: House Disbursem	ent For:	-7,5-		tra (M. Mariani M. Lauriani, I.). Ann ann Mariani, an Faraign trains
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)		·	<u> </u>	a transport of the second of t
B.		1	Date of Disbursement	
 			HAR / B 76 /	**************************************
Mailing Address				
City	tate Zip Code		•	
Purpose of Disbursement				
			Amount of Each Disbu	rsement this Period
Candidate Name	C	Category/ Type		
Office Sought: House Disbursem	_			
	Primary ☐ General Other (specify) ▼			
State: District:	onier (specify)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			MWW , Beb ,	V V V V V
Cit.	Tin Code			
City	ate Zip Code			
Purpose of Disbursement			•	
			Amount of Each Disbu	rsement this Period
Candidate Name Category/ Type			the standard of the	
Office Sought: House Disburseme	ent For:	туре		
	rimary General	1		
President C	Other (specify)			
omic. District.				
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only)				71413



ARKANSAS MEDIC

P.O. Box 55088

Little Rock, Arkansas 72215-

Washington, DC 20463 999 E Street NW

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica		
Hand Delivered	Date of Receipt	
Postmarked USPS First Class Mail	Date of Receipt	
USPS Registered/Certified	Postmarked (R/C)	
USPS Priority Mail	Postmarked	
USPS Priority Mail Express	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Next Busin	ness Day Delivery	
Received from House Records & Registration Office	Date of Receipt	
Date of Recei Received from Senate Public Records Office		
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	f Receipt or Postmarked	
PREPARER (3/2015)	12/8/16 DATE PREPARED	
PREPARER (3/2015)	12/8/16 DATE PREPARED	