

**FEC
FORM 3X**

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

Office Use Only

RECEIVED
FEC MAIL CENTER
2016 APR 18 AM 7:32

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 ▲

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:



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

MM / DD /

MM / DD /

MM / DD /

in the
State of

MM / DD /

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the
State of

MM / DD /

5. Covering Period

MM / DD /

MM / DD /

MM / DD /

through

MM / DD /

MM / DD /

MM / DD /

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

MM / DD /

MM / DD /

MM / DD /

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:

01 01 2016

To:

03 31 2016

COLUMN A
This-Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1,

2016

87,097.82

- (b) Cash on Hand at
Beginning of Reporting Period.....

87,097.82

- (c) Total Receipts (from Line 19)

2130.00

2130.00

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

89,227.82

89,227.82

7. Total Disbursements (from Line 31)

6,837.64

6,837.64

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

82,390.18

82,390.18

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:

01 01 2016

To:

03 31 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.....

(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).....▶

2130.00

2130.00

2130.00

2130.00

2130.00

2130.00

2130.00

2130.00

2130.00

2130.00

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	1337.64	1337.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1337.64	1337.64
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	5000.00
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	500.00	500.00
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)) ..	6837.64	6837.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6837.64	6837.64

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. 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)	2130.00	2130.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2130.00	2130.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1337.64	1337.64
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	1337.64	1337.64

2010-04-14 01:00:00 000000014

**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

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. ARKANSAS Mailing Service Corp

Mailing Address

PO Box 94071

City

North 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

02 / 03 / 2016

Amount of Each Disbursement this Period

12,659.99

B. Fed Ek

Mailing Address

PO Box 660481

City

Dallas

State

TX

Zip Code

75266

Purpose of Disbursement

postage

Candidate Name

na

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

03 / 15 / 2016

Amount of Each Disbursement this Period

7165

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).....

1337.64

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

1337.64

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)

☐ 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. Boomman, John

Mailing Address
PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement
Campaign Contribution

Candidate Name
Boomman for Arkansas

Office Sought: ☐ House ☒ Senate ☐ President
US
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) 2016
State: District:

Date of Disbursement

02 / 09 / 2016

Amount of Each Disbursement this Period

2,000.00

B. Hill, French

Mailing Address
PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement
Campaign Contribution

Candidate Name
French Hill for AR

Office Sought: ☐ House ☐ Senate ☐ President
US Congress Dist 2
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) 2016
State: District: 2

Date of Disbursement

02 / 09 / 2016

Amount of Each Disbursement this Period

5,000.00

C.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

5,000.00

5,000.00

**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 **6F 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 Soc Political Action Com. Holding

Mailing Address
PO Box 55088

City **Little Rock** State **AR** Zip Code **72215**

Purpose of Disbursement
Reimb acct for Bank feed

Candidate Name
n/a

Office Sought:
☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) **to cover bank feed**

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 31 / 2016

Amount of Each Disbursement this Period

500.00

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:
☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

Date of Disbursement

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:
☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

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

500.00

500.00

001-00000000 : 100 : 001 : 100 : 01-01-01



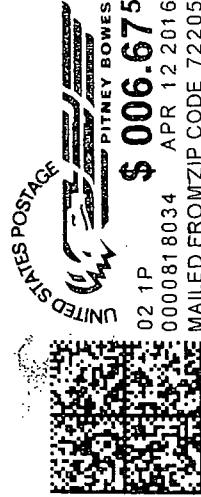
ARKANSAS MEDICAL

P.O. Box 55088

Little Rock, Arkansas 72215-5088



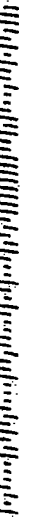
7012 2210 0000 9060 4525



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Federal Election Commission
999 E Street NW
Washington, DC 20463

20463



2010-01-01 00:00:00

(3/2015)