FEC FORM 3X		ISBURSE		•		Office Use Only	: ! !
NAME OF COMMITTEE (in full)	TYPE OR PRIN		cample: If typinger the lines.	ng, type	12FE4M5		
ADDRESS (number and street)  Check if different than previously reported. (ACC)	PO B	Sidicilient (1550,88 Liei Ridicik				7 <sub>1</sub> Z <sub>1</sub> Z <sub>1</sub> I <sub>5</sub> 5	
C 0,0,0,0,2,9		3. IS THIS REPORT	8.76	IEW N) OR		IENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report ( Quart	Q2)	Feb 20 (M2  Mar 20 (M3  Apr 20 (M4  Day  E-Election  port for the:  Election on  Day  ST-Election  port for the:  Election on	» <u> </u>	12C)	Sep	in the	Special (30S)
5. Covering Period C	0.	4 Å .		<b>\</b> .	/	complete.	Seatt Coasth
Type or Print Name of Treasure  Signature of Treasurer  NOTE: Submission of false, error	3/ Sen	Tomte		<u>Uesiqr</u> Da  on signing this	te O	e penalties of 2	Scott Smith 2.009 u.s.c. \$487g.
Office Use						FEC FOF	RM 3X

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS Page 2 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Action Committee Arkansas Medical From: Report Covering the Period: 4 **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... 7. Total Disbursements (from Line 31)... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 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) ..... 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

FEC Form 3X (Rev. 06/2004)	DETAIL	LED SUMMARY PAG of Receipts	<b>GE</b>	Page 3
Write or Type Committee Name				
Arkansas Medical	Society	Political to	tion Commit	tee
Report Covering the Period: From:	0.1	2009	То:: О. ф	30 2009
I. Receipts		COLUMN A Total This Period	•	OLUMN B ar Year-to-Date
11. Contributions (other than loans) From (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)  (ii) Unitemized	Funds		00 00 04	12, 17, 1, 00
(c) Total Transfers (add 18(a) and 18(l)  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)	>	121876	4	1218764
				•

## **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
<del>21</del> .	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calculate Four to Suite 1
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating	22 00	22.00
•	Expenditures		93_0
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	22 00	22 00
22.	Transfers to Affiliated/Other Party		
•	Committees	4760.00	4.76000
23.	Contributions to Federal Candidates/Committees and Other Political Committees	-9-	_0-
	Independent Expenditures		
25.	(use Schedule E)		
٠.	(use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made	the state of the s	
28.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
٠.			
	(b) Political Party Committees	1	
	(c) Other Political Committees		
	(suich 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))	47.9300	4,79300
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	47930	479300
٠.	•	,	

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 5 FEC Form 3X (Rev. 02/2003) **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 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) ....

S	CHEDULE A (FEC Form 3X)	·	FOR LINE NUMBER: PAGE OF
		Use separate schedule(s)	(check only one)
П	EMIZĖQ RECEIPTS	for each category of the	11a 11b 11c 12
		Detailed Summary Page	
Ė			
Ai or	ny information copied from such Reports and Statements for commercial purposes, other than using the name ar	may not be sold or used by any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
K	NAME OF COMMITTEE (In Full)	•	
1)	'\		•
/		•	
	Full Name (Last, First, Middle Initial)		
A.		•	Date of Receipt
	Malling Address		
•	3.1223		
	City State	Zip Code	- Lotted Lotted
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_p	Amount of Each Resist this Period
-			Amount of Each Receipt this Period
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	federal political committee.	<del></del>	
	Name of Employer Occupa	tion	┥
		\	
	Receipt For:	V A D =	$\dashv$
	Primary General Aggreg	ate Year-to-Date ▼	.
	Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)		<del> </del>
В.			Date of Receipt
В.	Mailing Address		Date of Necelpt
	Mailing Address		And And Andrew
	City State	Zip Code	
	Oily State	Zip Code	
			Amount of Each Receipt this Period
•	FEC ID number of contributing		
	federal political committee.		
	Name of Employer   Occupa	tion	┥ <b>\</b>
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	Primary General Aggreg	ate Year-to-Date ▼	
	Other (specify)	:	
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_	Full Name / out Flore Middle Inkin		<del>                                     </del>
C.	Full Name (Last, First, Middle Initial)		Date of Receipt
v.	Mailing Address		
	Maning Address	•	Man , Dan , Janaan
	City State	Zip Code	<u> </u>
	State .	Lip Code	Amount of Fort Board at 1 5 1 1
			Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	*	
	Name of Employer   Occupa	ion	┥
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	Primary General Aggregi	ate Year-to-Date ▼	·
	Other (specify) ▼		
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۔ ا	IIDTOTAL of December This Dans (selfours)	_	
L. s	UBTOTAL of Receipts This Page (optional)	···········	
1 _	OTAL This David flast name this live womber and a		
	OTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:	PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  21b 22 23 27 28a 28b	24 25 26 28c 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	by any person for the purpose	of soliciting contributions
NAME OF COMMITTEE (In Full)		1	
Arkansas Medical Socia	ty folitical	Action Con	mittee
Full Name (Last, First, Middle Initial)	出一个一	cal Action Date of Disburse	ement
American Medical AS  Mailing Address  1101 Vermont NW	DUCATION COM	miles Di Co	2009
	tate Zip Code	group and	The state of the state of
Candidate Name		Amount of Each	Disbursement this Period
Office Sought:   House   Disbursem		Туре	4.00.00
Senate President	Primary ☐ General Other (specify) ▼		
State: District:  Full Name (Last, First, Middle Initial)			
B. Anovican Medical Associa	totitice to	Date of Disburse	ment .
Mailing Address VII Mont NW		0.11 6	7 2009
	ate Zip Code	5	
Tromples  Candidate Name		Amount of Each	Disbursement this Period
		Category/ Type	400000
►	ent For:  Primary General  Other (specify)		·
Full Name (Last, First, Middle Initial)	- Political	- Artess	
C. American Medical Associ	ration Countre	Date of Disburses	ment
Mailing Address  101 Vernont Nu	)	0.11	5 2009
Wishington Do	ate Zip Code 2009		
Purpose of Disbursement Transfel		Amount of Each I	Disbursement this Period
Candidate Name	C	ategory/ Type	1.0.0.00
	rimary General		
State: District: O	ther (specify)		
SUBTOTAL of Disbursements This Page (optional)			900
TOTAL This Period (last page this line number only)			

CHEDULE C (I OANS	20 101111 07-7		Use separate schedule(s) for each category of the	PAGE OF
			Detailed Summary Page	FOR LINE 13 OF FORM:3X
IAME OF COMMITTEE		•		**
		· ·		
LOAN SOURCE FO	III Name (Last, First, Midd	e Initial)	,	Election:
				Primary General
Mailing Address				Other (specify)
City	S	tate . ZIP Cod	ie	<del></del>
Original Amount of	Loan	Cumulative Payment To		e Outstanding at Close of This Peri
and the same of the same of				
TERMS Date	Incurred	Date Due	interest Rate	Action - Secured:
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			عيدا ليد	% (apr)YesN
	or Guarantors (if any) to	Loan Source		
1. Full Name (Last,	First, Middle Initial)		Name of Employer	
Mailing Address	<del></del>		Occupation	-
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City	State	ZIP Code	Amount Guaranteed Outstanding:	
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			Amount	
City	State		Guaranteed	
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Mailing Address	<del></del>		Occupation	· · · · · · · · · · · · · · · · · · ·
			Amount	
City	State		Guaranteed Outstanding:	
4. Full Name (Last, )	rirst, Middle Initial)	÷	Name of Employer	
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		F	Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
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arry outstanding balar	nce only to LINE 3, Schedu	ule D, for this line. If no	Schedule D, carry forward	to appropriate line of Summary.

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SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE : 2 OF :
ITEMIZED DISBURSEMENTS  Use separate schedule(s) for each category of the	(check only one) □ 21b ▼ 22 □ 23 □ 24 □ 25 □ 26
Detailed Summary Page	27 28a 28b 28c 29 30t
Any information copied from such Reports and Statements may not be sold or used or for commercial purposes, other than using the name and address of any political	by any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	
Arkansas Medical Society Political	Action Committee
Full Name (Last, First, Middle Initial)	cal Action Date of Disbursement
American Medic of ASSOciation com	Date of Disbursement
Mailing Address 1101 Vermont NW	0.1 21 2009
City State Zip Code  Un shungton D.C. 2005  Purpose of Disbursement	<u> </u>
Tramper	Amount of Each Disbursement this Period
Candidate Name'	Category/
	Туре
Office Sought: House Disbursement For:	
Senate Primary General President Other (specify) ▼	
State: District:	
Futi Name (Last, First, Middle Initial)	
B. Arrevicion Medical Association Comm	Date of Disbursement
	Wae 77 78 13000
Mailing Address	0.1 60 6007
City State Zip Code	
bashington Da 20005	
Purpose of Disbursement	Amount of Each Disbursement this Period
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C	ategory/ Type  700  00
Office Sought: House Disbursement For:	
Senate Primary General	
President Other (specify)	
State: District: Full Name (Last, First, Middle Initial)	1.4
C. A tolutical	Date of Disbursement
American Medical Association Countries	
Mailing Address	02 12 600
City State Zip Code	
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Purpose of Disbursement	Amount of Each Disbursement this Period
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Office Sought: House Disbursement For:	·
Senate Primary General Other (specify)	
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ANS	Use separate schedule(s)	PAGE OF
PNAS	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3
ME OF COMMITTEE (In Full)		<u> </u>
	en e	
LOAN SOURCE Full Name (Last, First, Middle Initial)	· J-El	ection:
		Primary
		General
Mailing Address	Į L	Other (specify)
City State ZIP C	ode	
Original Amount of Loan Cumulative Payment T		Outstanding at Close of This F
TERMS		
Date Incurred Date Due	Interest Rate	Secured:
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List All Endorsers or Guarantors (if any) to Loan Source		
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Mailing Address	Occupation	· · · · · · · · · · · · · · · · · · ·
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2. Full Name (Last, First, Middle Initial)	Name of Employer	
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	Outstanding:	
. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	<del></del>
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SCHEDULE B (FEC Form 3X)	FOR	LINE NUMBER: PAGE 3 OF 7
ITEMIZED DISBURSEMENTS		ck only one)
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NAME OF COMMITTEE (In Full)		
Arkansas Medical Socie	by folitical A	iction Committee
Full Name (Last, First; Middle Initial)  A. 1000000000000000000000000000000000000	Political in the second	Date of Disbursement
Full Name (Last, First, Middle Initial)  A. American Medic PAS  Mailing Address  This I was to NW	Duamor Commu	02 28 2009
1101 0211101	tate Zip Code	
Washington D.	20005	<u> </u>
Purpose of Disbursement	00	Amount of Each Disbursement this Period
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Office Sought: House Disbursem	ent For:	Bed Section and Section Committee and Company Metric allowable Section (Section Company) between
	Primary ☐ General  Other (specify) ▼	
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Mailing Address Vilmont NW		0.2 26 2009
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President	ther (specify)	
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C. 1	-Political Ad	Date of Disbursement
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101 Vermont Nu	)	
City Mc hungton To	te Zip Code	
Purpose of Disbursement	00.0	7
Candidate Name	Category	Amount of Each Disbursement this Period
Office Sought: House Disbursemen	Туре	30000
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President Ot State: District:	her (specify)	
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SCHEDULE B (FEC Form 3X)		·			PAGE	4 OF	-1
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check onl	NUMBER: y one)		PAGE	I OF	
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NAME OF COMMITTEE (In Full)		1		^	.,		
Arkansas Medical Socie	ty to litical	Act	tion	Comm	riffe	<u>e</u>	
Full Name (Last, First, Middle Initial)	#10F	ral Acti	Date of D	isburseme	nt ·		
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. 1101 Vermon NW			03	12	20	09	]
City	tate Zip Code C Z OOS						
Purpose of Disbursement	<u> </u>		1		•		
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Candidate Name	. •	Category/ Type			40	$O_{\mu}^{\sigma}$	6
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State: District:	Suici (obcony)						
Full Name (Last, First, Middle Initial)	. Politice to	edeok .					
B. Arrewigen Medical Associa			Date of Di	sburseme	nt 	:	
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City - St	ate Zip Code		<u> </u>				<u> </u>
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☐ ········	rimary General ther (specify)						
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Mailing Address	<b>\</b>	3	0.4	22	70	<u>09</u>	
City 2 Vilmont Nu	ite Zip Code				<u>:</u>		
Washington Do	20009			•			
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`  -  !	imary General						
	ther (specify)						
State: District:	<del></del>			·	و و و و و و و و و و و و و و و و و و و		
SUBTOTAL of Disbursements This Page (optional)		····· •			(60)	2-	
TOTAL This Period (last page this line number only)	***************************************	····· <b>&gt;</b>					_]

ANS	orm 3X)	Use separate schedule(s) for each category of the	PAGE OF
		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)			
LOAN SOURCE Full Name	(Last, First, Middle Initial)		lection:
	· · · · · · · · · · · · · · · · · · ·		Primary General
Mailing Address		. <b> </b> L	Other (specify)
City	State ZIP	Code	
Original Amount of Loan	Cumulative Paymen	t To Date Balance	e Outstanding at Close of This Pe
TERMS Date Incurred	Date D	Due Interest Rate	Secured:
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		عصيا لنسب	% (apr) Yes
	ntors (if any) to Loan Source		
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Mailing Address		Occupation	
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City	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Mid	die initial)	Name of Employer	
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City	State ZIP Code	Amount Guaranteed	
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SCHEDULE B (FEC Form 3X)	FOR	LINE NUMBER: PAGE 5 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (che	ck only one)
	for each category of the  Detailed Summary Page	21b. 22 23 24 25 26
		27 28a 28b 28c 29 30b
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by an	y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	maine and address of any political comm	ties to solicit contributions from such continues.
1\	1 D ( ) A A	A
/ Hikansas Medical 20	cuty to litical 1	iction Committee
Full Name (Last, First, Middle Initial)  A.  American Medic of  Malling Address  + No.	Pa 1-14 . 0	Artiba
A. American Madical	ASSOCIATION ASSOCIATION	Date of Disbursement
Mailing Address	Manual Commun	0 4 2000
1101 Vermont NW		
City	State Zip Code	
Washington	DC 20005	)
Purpose of Disbursement	50	Amount of Each Disbursement this Period
Candidate Name	0.00	
	Catego:	
Office Sought: House Disbu	rsement For:	
Senate	Primary General	San in
President	Other (specify). 🔻	
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Purpose of Disbursement Transfer Candidate Name	D.D.S Category Type	Fig.   Period and the first of
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Purpose of Disbursement  Trown for Candidate Name  Office Sought: House Disbursement  Senate	Category Type Sement For: Primary General	Fig.   Period and the first of
Purpose of Disbursement  Candidate Name  Office Sought: House Disburs Senate President	Category Type	Fig.   Period and the first of
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of contributions from such contributions for for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Ark CANDOD Medical SOCIATY Folitical Action Committee.  Full Name (Last, First, Middle Initial)  A. American Medical Association Committee  Disbursement For:  State: Disbursement For:  Full Name (Last, First, Middle Initial)  B. Anount of Each Disbursement this Period  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought House Disbursement For:  Full Name (Last, First, Middle Initial)		-		ile(s) (check of	nly one)				
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