

**FEC
FORM 3X**

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

RECEIVED
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Office 2020 OCT 22 PM 3:16

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

ARI 72215-1

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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)

X 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

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Report for the:

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

in the
State of

5. Covering Period

07 / 01 / 2020

through

09 / 30 / 2020

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 C. Baltz, MD Designated Agent: H. Scott Smith

Signature of Treasurer

H. Scott Smith

Date

10 / 13 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Arkansas Medical Society Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2020

To:

MM / DD / YYYY
09 / 30 / 2020

**COLUMN A
This Period**

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

6. (a) Cash on Hand

January 1,

2020

27,917.58

(b) Cash on Hand at

Beginning of Reporting Period.....

22,972.74

(c) Total Receipts (from Line 19).....

380.00

2560.00

(d) Subtotal (add Lines 6(b) and

6(c) for Column A and Lines

6(a) and 6(c) for Column B).....

23,352.74

30,477.58

7. Total Disbursements (from Line 31).....

1268.14

8392.98

8. Cash on Hand at Close of

Reporting Period

(subtract Line 7 from Line 6(d)).....

22,084.60

22,084.60

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. 05/2016)

Page 3

Write or Type Committee Name

ARKANSAS MEDICAL Society Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2020

To:

09 / 30 / 2020

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).....▶

380.00

380.00

380.00

380.00

380.00

2560.00

2560.00

2,560.00

2560.00

2560.00

20200930 10:00:00 AM

Page 4

COLUMN B
Calendar Year-to-Date

- 4.392 98
4392 98
4000 00
- 8.392 98
8392 98

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 ☐ 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 Services

Mailing Address

PO BOX 94071

City

NLR

State

AR

Zip Code

72190

Purpose of Disbursement

Mailing / Pst

Candidate Name

n/a

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify)

office

State:

District:

Date of Disbursement

09 / 16 / 2020

FEC Identification Number

C 0002907

Amount of Each Disbursement this Period

1112.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ark. Medical Society

Mailing Address

PO BOX 55088

City

Little Rock

State

AR

Zip Code

72215

Purpose of Disbursement

office postcard

Candidate Name

n/a

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify)

office

State:

District:

Date of Disbursement

09 / 18 / 2020

FEC Identification Number

C 0002907

Amount of Each Disbursement this Period

155.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

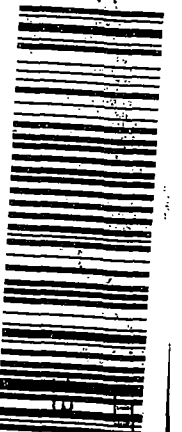
1268.14

1268.14



ARKANSAS MEDICAL SOCIETY
P.O. Box 55088
Little Rock, Arkansas 72215

7003 0500 0002 3632 4124

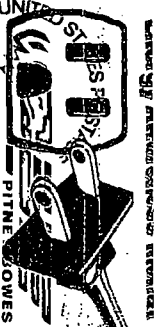


LITTLE ROCK AR 720
OCT 2020



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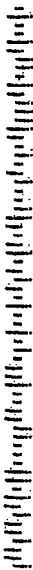
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The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/12/20
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<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
SPM PREPARER	10/23/20 DATE PREPARED

(3/2015)

[illegible]