**FEC** 

Only

## STATEMENT OF

PAGE 1/7

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. French Hill for Arkansas PO Box 7841 ADDRESS (number and street) (Check if address is changed) Little Rock 72217 AR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS calewturner@gmail.com (Check if address is changed) Optional Second E-Mail Address dsmith@mwlaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.electfrench.com (Check if address is changed) DATE 25 2022 C00551275 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Turner, Cale, , , Type or Print Name of Treasurer Turner, Cale,,, [Electronically Filed] 02 25 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE  e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)    Hill, James, French, ,	
Can	didate didate y Affiliatio	Office State  ion REP Sought:   House Senate President	AR 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Page 1	arty.
Poli	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:
		Corporation Corporation w/o Capital Stock Labor Organization	n
		Membership Organization Trade Association Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)	arty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		٦

FEC Form 1 (Revised 02/2009)	Page <b>3</b>
Write or Type Committee Name	rage 3
French Hill for Arkansas	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adershin PAC Snonsor
	Actistic Fra Sportson
Financial Innovation Committee	
228 S. Washington Street  Mailing Address	
Suite 115	
Alexandria VA 223	314
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person i books and records.	n possession of committee
Turner, Cale, , ,	1
Full Name111300 Cantrell Road	
Mailing Address  Suite 301	
Little Rock , AR , 722	212
Title or Position CITY STATE	ZIP CODE
Treasurer 501 Telephone number	5800
. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	ne name and address of
Full Name Turner, Cale, , ,	
of Treasurer	
Mailing Address 11300 Cantrell Road	
Suite 301	
Little Rock AR 722	212
CITY STATE Title or Position	ZIP CODE
Treasurer 501 Telephone number	- 227 - 5800

FEC Form 1 (	(Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	6.1.1	2 0002
	Telephone number	
Banks or Other Dep safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	ository, etc.	
safety deposit boxes  Name of Bank, Depo	B&T  1909 K Street NW	ZIP CODE
safety deposit boxes  Name of Bank, Depo	B&T  1909 K Street NW  Washington  CITY  STATE	
safety deposit boxes Name of Bank, Depo  Mailing Address  Name of Bank, Depo	B&T  1909 K Street NW  Washington  CITY  STATE	
safety deposit boxes Name of Bank, Depo  Mailing Address  Name of Bank, Depo	B&T  1909 K Street NW  Washington  CITY  STATE  Desitory, etc.  Lassic City Bank	
safety deposit boxes Name of Bank, Depo  Mailing Address  Name of Bank, Depo	B&T  1909 K Street NW  Washington  CITY  STATE	
safety deposit boxes  Name of Bank, Depo  Mailing Address  Name of Bank, Depo  CI	B&T  1909 K Street NW  Washington  CITY  STATE  Desitory, etc.  Lassic City Bank	
safety deposit boxes  Name of Bank, Depo  Mailing Address  Name of Bank, Depo  CI	B&T  1909 K Street NW  Washington  CITY  STATE  Desitory, etc.  Lassic City Bank	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
•	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
Take Back the H	ouse 2022 		
Mailing Address	PO Box 30844		
Mailing Address			
	Bethesda	, MD	20824
Balatta alta			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management.	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, Simm	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and proposition and propository, etc. Simming and propository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which raintains funds.  Ons Bank	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and proposition and propository, etc. Simming and propository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which raintains funds.  Ons Bank	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
,,,,	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	Team Hill			
	Mailing Address	PO Box 7244		
	ag . taa.eee			
		Little Rock	ı ı AR ı	72217
	Dalatianahin			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE A	
	Full Name      Mailing Address  TITLE OR POSITION	CITY A  Te  Ties: List all banks or other depositories in which to	STATE   STATE   lephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching boxes or matching.	CITY A  Te  Ties: List all banks or other depositories in which to	STATE   STATE   lephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma	CITY   CITY   Te  ties: List all banks or other depositories in which to intains funds.	STATE   STATE   lephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching boxes or matching between the pository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which to intains funds.  The state of the control of the contr	STATE   STATE   lephone Number	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching boxes or matching between the pository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which to intains funds.  The state of the control of the contr	STATE   STATE   lephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

n). <b>Joint Fundraising</b>	Participant:		_	
1.		FEC ID nu	mber C	
2.		FEC ID nu	mber C	
3.		FEC ID nu	mber C	
4		FEC ID nu	mber C	
	Organization, Affiliated Committee, Joint F	undraising Repres	entative, o	r Leadership PAC Spor
The Emmer Hill Co	ommittee			
Mailing Address	824 S Milledge Ave Ste 101			
	Athens		GA	30605
Relationship:	CITY ▲	ST	ATE 🔺	ZIP CODE ▲
		Joint Fundraising Re	presentative	Leadership PAC S
	Organization Affiliated Committee	-	presentative	e Leadership PAC S
esignated Agent: Identify		-	presentative	Leadership PAC S
esignated Agent: Identify  Full Name		-	presentative	Leadership PAC S
esignated Agent: Identify  Full Name		al)	presentative	Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optiona	al)	presentative	
esignated Agent: Identify  Full Name	by name, address (phone number – optiona	al)	TE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mai	by name, address (phone number – optional control of the control o	STAT	TE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or main fety depository, etc.	by name, address (phone number – optional control of the control o	STAT	TE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mai	by name, address (phone number – optional control of the control o	STAT	TE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or main fety depository, etc.	by name, address (phone number – optional control of the control o	STA' Telephone Numb	TE A	ZIP CODE A