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48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL French Hill for Arkansas | | | | | | | | |
|--|---------------------------|-----------------------|--------|--------------------------------------|----------------------|------------------------------|---|--|
| | | | | | | | | |
| ADDRESS (number and street | PO Box 7841 | | | | | | | |
| CITY STATE | | | | ZIP CODE | | _ | | |
| Little Rock AR | | | | 72217 | | | | |
| 2. NAME OF CANDIDATE | | | | FICE SOUGHT | (State and District) | 4. FEC IDENTIFICATION NUMBER | | |
| Hill, James, French, , | | | | е | AR 02 | C00551275 | | |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING | | | | , IT AMENDS TH | HE NOTICE FILED ON | /// | | |
| A. FULL NAME WESTERN ALLIANCE BANCORPORATION POLITICAL ACTION COMMITTEE (| | | | Name of Employer | | Date (month, day, year) | Amount | |
| MAILING ADDRESS 1 EAST WASHINGTON ST, STE 1400 | | | | Transaction ID : TX45465 | | 02/20/2024 | 2500.00 | |
| CITY STATE ZIP CODE | | | | Occupation | | | | |
| PHOENIX | AZ | 85004-255 | | | | | | |
| B. FULL NAME THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FED MAILING ADDRESS | | | | of Employer | | Date (month, | Amount | |
| | | | | or Employer | | day, year) | | |
| | | | | - | | 02/20/2024 | 5000.00 | |
| 720 E WISCONSIN AVE | | | Transa | action ID : 1 | X45466 | | | |
| CITY | STATE ZIP CODE Occupation | | | | | | | |
| MILWAUKEE | WI | 53202-470 | 03 | | | | | |
| C. FULL NAME | | | Name | Name of Employer | | Date (month, | Amount | |
| NATIONAL BEER WHOLESALERS ASSOCIATION PAC | | | | | | day, year) | 0500.00 | |
| MAILING ADDRESS 1101 KING ST SUITE 600 | | | | Transaction ID : TV45467 | | 02/20/2024 | 3500.00 | |
| | | | | Transaction ID : TX45467 | | | | |
| CITY ALEXANDRIA | STATE VA | ZIP CODE 22314-296 | Occup | ation | | | | |
| | VA | 22314-290 | 15 | | | | | |
| D. FULL NAME STATE FARM MUTUAL AUTO INSURANCE CO FEDERAL PAC | | | | Name of Employer | | Date (month, day, year) | Amount | |
| MAILING ADDRESS | | | | _ | | 02/20/2024 | 2000.00 | |
| 1 STATE FARM PLAZA | | | | Transaction ID TV45400 | | 02/20/2024 | 2000.00 | |
| CITY | STATE | ZIP CODE | | Transaction ID : TX45468 Occupation | | | | |
| BLOOMINGTON | IL | 61710-00 | | allon | | | | |
| | "- | 0171000 | | | | Date (month | Amount | |
| E. FULL NAME STRUCTURED FINANCE COALITION PAC | | | Name | Name of Employer | | Date (month, day, year) | Amount | |
| MAILING ADDRESS | 17 (140L 007 (L | | | | | 00/00/0004 | 5000.00 | |
| 1775 PENNSYLVANIA AVENUE, NW | | | Trans | Transaction ID : TX45469 | | 02/20/2024 | 5000.00 | |
| _SUITF 625 CITY STATE ZIP CODE | | | | Occupation Occupation | | | | |
| WASHINGTON | DC | 20006-47 | | | | | | |
| | | | | | DATE | | | |
| SIGNATURE (optional) Goode, Michael, , , | | | | 02/21/2024 contact t | | contact the Federa | For further information, ne Federal Election Commission 424-9530 or visit www.fec.gov | |
| | | | | | | 4, 000 424 9000 | | |



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