

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
French Hill for Arkansas

ADDRESS (number and street) PO Box 7841
 Check if different than previously reported. (ACC) Little Rock AR 72217

2. **FEC IDENTIFICATION NUMBER** ▼ C C00551275 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
AR 02

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2015 through M M / D D / Y Y Y Y 06 / 30 / 2015

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 Cale Turner
Signature of Treasurer Cale Turner *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
French Hill for Arkansas

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	287470.00	387797.92
(b) Total Contribution Refunds (from Line 20(d))	350.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	287120.00	387447.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34137.42	163698.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2015.39
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34137.42	161683.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	374879.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

French Hill for Arkansas

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	164000.00	177400.00
(ii) Unitemized.....	4720.00	4755.00
(iii) TOTAL of contributions from individuals ▶	168720.00	182155.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	118750.00	205642.92
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	287470.00	387797.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2015.39
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	287470.00	389813.31

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34137.42	163698.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	350.00	350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	350.00	350.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	34487.42	164048.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	121896.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	287470.00
25. SUBTOTAL (add Line 23 and Line 24).....	409366.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34487.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	374879.49

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. RICHARD AKEL

Mailing Address 15 REDCOAT LANE

City Little Rock State AR Zip Code 72227-2310

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : SA11.3623

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHNNY W. ALLISON

Mailing Address P.O. BOX 1089

City CONWAY State AR Zip Code 72033-

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEBANCSHARES, INC. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3406

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHNNY W. ALLISON

Mailing Address P.O. BOX 1089

City CONWAY State AR Zip Code 72033-

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEBANCSHARES, INC. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3407

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

5900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN ED ANTHONY

Mailing Address **9 SUNSET DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1821**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ANTHONY TIMBERLANDS** Occupation **LABOR MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3556

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICK ASHLEY

Mailing Address **2851 LAKEWOOD VILLAGE DRIVE**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-8032**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ASHLEY CO.** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3598

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUSAN BAKER

Mailing Address **17 COOPER LANE**

City **CONWAY** State **AR** Zip Code **72034-7935**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11.3550

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

3450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. BRAD BALTZ

Mailing Address 9101 KANIS RD #200

City: LITTLE ROCK State: AR Zip Code: 72205-6455

FEC ID number of contributing federal political committee: C

Name of Employer: HEMATOLOGY ONCOLOGY SERVICES Occupation: PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 01 / 2015

Transaction ID : SA11.3552

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID BARTLETT

Mailing Address 21 EDGEHILL ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-5461

FEC ID number of contributing federal political committee: C

Name of Employer: SIMMONS FIRST NATIONAL CORPORATION Occupation: PRESIDENT AND CHIEF BANKING OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 19 / 2015

Transaction ID : SA11.3424

Amount of Each Receipt this Period: 2300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID BARTLETT

Mailing Address 21 EDGEHILL ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-5461

FEC ID number of contributing federal political committee: C

Name of Employer: SIMMONS FIRST NATIONAL CORPORATION Occupation: PRESIDENT AND CHIEF BANKING OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 05 / 19 / 2015

Transaction ID : SA11.3425

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

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

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

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. SARA HENDRICKS BATCHELLER

Mailing Address **66 SOLOGNE CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-8914**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY AT LAW**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3557

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD BEARDEN

Mailing Address **124 WEST CAPITOL AVENUE
SUITE 1886**

City **LITTLE ROCK** State **AR** Zip Code **72201-3756**

FEC ID number of contributing federal political committee. **C**

Name of Employer **IMPACT MANAGEMENT GROUP, INC.** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3369

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN BEASLEY

Mailing Address **P.O. BOX 7609**

City **LITTLE ROCK** State **AR** Zip Code **72217-7609**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11.3513

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. CHRIS BENNETT

Mailing Address **2702 STONEHEDGE**

City **HARRISON** State **AR** Zip Code **72601-8617**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **RADIOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : SA11.3534

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BOB BIRCH

Mailing Address **14 CREEKWOOD COVE**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-6394**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOME BANCSHARES INC.** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3558

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD BLANK JR.

Mailing Address **5618 EDGEWOOD ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-5314**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS, INC.** Occupation **MANAGING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.3651

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. LARRY W. BOWDEN

Mailing Address **815 BEECHWOOD STREET**

City **LITTLE ROCK** State **AR** Zip Code **72205-1903**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS INC.** Occupation **EXECUTIVE VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.3634

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. SANDY BRADLEY

Mailing Address **425 WEST CAPITOL AVE #3600**

City **LITTLE ROCK** State **AR** Zip Code **72201-3542**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCLARTY COMPANIES** Occupation **OFFICE MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3559

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRIAN WOODS BRATCHER

Mailing Address **48 RIVER ESTATE COVE**

City **LITTLE ROCK** State **AR** Zip Code **72223-2238**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS INC.** Occupation **INVESTMENT BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.3636

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
ROBERT BREVING

Mailing Address 1900 MALVERN AVE #302

City State Zip Code
HOT SPRINGS AR 71901-7778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATIONAL PARK MED CENTER SURGEON

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11.3366

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. KIM BROCKINGTON

Mailing Address 2013 NORTH SPRUCE STREET

City State Zip Code
LITTLE ROCK AR 72207-4727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3546

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK BROCKINGTON

Mailing Address 2013 NORTH SPRUCE STREET

City State Zip Code
LITTLE ROCK AR 72207-4727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BROCKINGTON S. MARK AND ASSOCIATES INSURANCE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3545

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. MARY BROWN

Mailing Address 5314 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207-3730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3660

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARY BROWN

Mailing Address 5314 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207-3730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3661

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. PATRICIA SAER BROWN

Mailing Address 31 BEVERLY PLACE

City State Zip Code
LITTLE ROCK AR 72207-3701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3662

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

8100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. PATRICIA SAER BROWN

Mailing Address **31 BEVERLY PLACE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.3663

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DALE BRUNS

Mailing Address **223 E ROBINS STREET**

City **CONWAY** State **AR** Zip Code **72032-7161**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BRUNS DEVELOPMENT** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : SA11.3617

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MICHAEL CALHOUN

Mailing Address **4020 RICHARDS ROAD**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72117-2650**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ARKANSAS SURGICAL HOSPITAL, L.L.C.** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11.3511

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

3450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MRS. NINA CAMERON		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015	
Mailing Address 29 PINEHURST CIRCLE		Transaction ID : SA11.3615	
City LITTLE ROCK	State AR	Zip Code 72212-3432	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer HOMEMAKER		Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) B. MR. RONALD M. CAMERON		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2015	
Mailing Address P.O. BOX 21440		Transaction ID : SA11.3535	
City LITTLE ROCK	State AR	Zip Code 72221-1440	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer MOUNTAINAIRE CORP.		Occupation CHIEF EXECUTIVE OFFICER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) C. MR. ANDREW CARGILE		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 1901 W. BEEBE CAPPS		Transaction ID : SA11.3554	
City SEARCY	State AR	Zip Code 72143-5012	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer CARGILE INSURANCE		Occupation INSURANCE AGENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. RICHARD CARGILE

Mailing Address 1901 W. BEEBE CAPPS EXPY

City State Zip Code
SEARCY AR 72143-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARGIE INSURANCE AGENCY INC. INSURANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11.3553

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. STEVEN L. CATHEY

Mailing Address 3500 SPRINGHILL DR. STE. 201

City State Zip Code
NORTH LITTLE ROCK AR 72117-2948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3359

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD L. CISNE

Mailing Address 2 WOODBERRY ROAD

City State Zip Code
LITTLE ROCK AR 72212-2742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUDSON, CISNE, AND COMPANY C.P.A.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3419

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. STEPHEN B. CLARK

Mailing Address 9273 LERWICK DRIVE

City DUBLIN State OH Zip Code 43017-9492

FEC ID number of contributing federal political committee. **C**

Name of Employer CGCN GROUP, LLC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3455

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TOMMY CLEMENTS III

Mailing Address 104 SOMERSETT LANE

City ROLAND State AR Zip Code 72135-9040

FEC ID number of contributing federal political committee. **C**

Name of Employer ARKANSAS AUTOMATIC SPRINKLERS Occupation CHIEF EXECUTIVE OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015

Transaction ID : SA11.3626

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. STEVEN CLIFT

Mailing Address 3401 SPRINGHILL RD SUITE 400

City NORTH LITTLE ROCK State AR Zip Code 72117-2928

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11.3350

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. BILL COBB

Mailing Address **9 RIVER RIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-1517**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS, INC.** Occupation **SR. VICE PRESIDENT, PRODUCER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.3635

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. STUART COBB

Mailing Address **11 SUNSET DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1821**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3566

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DARYL E. COKER

Mailing Address **35 BRETAGNE CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-9115**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11.3555

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. LESLEY D. COLE

Mailing Address 12700 BART MORELAND DRIVE

City State Zip Code
ROLAND AR 72135-9393

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
METHODIST FAMILY HEALTH CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3640

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM L. CRAVENS

Mailing Address 1400 W. MARKHAM ST.

City State Zip Code
LITTLE ROCK AR 72201-1840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3494

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SKIP DAVIDSON

Mailing Address P.O. BOX 1300

City State Zip Code
LITTLE ROCK AR 72203-1300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAVIDSON LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3551

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. EDWARD DICKEY

Mailing Address P.O. BOX 17674

City State Zip Code
LITTLE ROCK AR 72222-7674

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIGHTHOUSE INVESTMENTS, LLC FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015

Transaction ID : SA11.3627

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEBORAH DILLON

Mailing Address 57 SOLOGNE CIRCILE

City State Zip Code
LITTLE ROCK AR 72223-8913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3443

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LAURA DORAMUS

Mailing Address 9 WEST PALISADES

City State Zip Code
LITTLE ROCK AR 72207-1855

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2015

Transaction ID : SA11.3631

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MARK DORAMUS

Mailing Address **9 WEST PALISADES**

City **LITTLE ROCK** State **AR** Zip Code **72207-1855**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS, INC.** Occupation **C.F.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.3632

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICK DRAPER

Mailing Address **703 CALVIN AVERY DR SUITE A**

City **WEST MEMPHIS** State **AR** Zip Code **72301-6538**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIFE STRATEGIES OF ARKANSAS LLC** Occupation **OWNER/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11.3431

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. STEVEN A. DUNNAGAN

Mailing Address **150 HICKORY CREEK CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2511**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RADIOLOGY ASSOCIATES, P.A.** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3354

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. CLARENCE J. DUVALL JR.

Mailing Address 2409 N. UNIVERSITY AVE

City State Zip Code
LITTLE ROCK AR 72207-3607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.3630

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRED EASON

Mailing Address 1920 MAIN STREET
SUITE 100

City State Zip Code
NORTH LITTLE ROCK AR 72114-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIMMONS FIRST INVESTMENT GROUP CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : SA11.3485

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SKIP EBEL

Mailing Address 6212 KAVANAUGH BLVD

City State Zip Code
LITTLE ROCK AR 72207-4253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRIDAY ELDREDGE AND CLARK ATTORNEY AT LAW

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3581

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. KELLY EICHLER

Mailing Address 4901 EAST CRESTWOOD

City State Zip Code
LITTLE ROCK AR 72207-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE OF ARKANSAS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3582

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACKSON FARROW JR.

Mailing Address 20 RIVER RIDGE CIRCLE

City State Zip Code
LITTLE ROCK AR 72227-1503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS INC. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3596

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. TERRY FIDDLER

Mailing Address 3010 COLLINS DRIVE

City State Zip Code
CONWAY AR 72034-8426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIDDLER AND FULMER DENTISTRY DENTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3351

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. CARL FINCH

Mailing Address P.O. BOX 1306

City State Zip Code
LITTLE ROCK AR 72203-1306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC./AIRRESPONSE GROUP, LL SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3642

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NIKOLAI FISKEN

Mailing Address 5223 SHERWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72207-5425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3560

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. LINDA LEIGH FLANAGIN

Mailing Address 920 WEST 2ND STREET, SUITE 103

City State Zip Code
LITTLE ROCK AR 72201-2125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEJ CONSULTING LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3583

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. TERRY LEE FLEMING

Mailing Address 16101 LA GRANDE DRIVE

City State Zip Code
LITTLE ROCK AR 72223-9140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PERFECT VISION PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : SA11.3483

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

\$350 EXCESS CONTRIBUTION REFUNDED ON 06/14/2015

B. Full Name (Last, First, Middle Initial)
MR. TERRY LEE FLEMING

Mailing Address 16101 LA GRANDE DRIVE

City State Zip Code
LITTLE ROCK AR 72223-9140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PERFECT VISION PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : SA11.3484

Amount of Each Receipt this Period
 2300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TERRY LEE FLEMING

Mailing Address 16101 LA GRANDE DRIVE

City State Zip Code
LITTLE ROCK AR 72223-9140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PERFECT VISION PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3641

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

5250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. TERRY LEE FLEMING

Mailing Address 16101 LA GRANDE DRIVE

City State Zip Code
LITTLE ROCK AR 72223-9140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PERFECT VISION PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : SA11.3656

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. DORA JANE FLESHER

Mailing Address 5117 EDGEWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : SA11.3475

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREG W. FLESHER

Mailing Address 5117 EDGEWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FROST, P.L.L.C. C.P.A.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : SA11.3474

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

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

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

5900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ELMER L. FLUCHT

Mailing Address 136 CHEROKEE DRIVE

City MAUMELLE State AR Zip Code 72113-7402

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3585

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MOZELLA DEES FLUCHT

Mailing Address 136 CHEROKEE DRIVE

City MAUMELLE State AR Zip Code 72113-7402

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3584

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. G. THOMAS FRAZIER

Mailing Address 4600 CRESTWOOD DRIVE

City LITTLE ROCK State AR Zip Code 72207-5434

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11.3364

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. RON FULLER		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2015	
Mailing Address 5 BRAEBURN COURT		Transaction ID : SA11.3372	
City LITTLE ROCK	State AR	Zip Code 72212-2801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer RON FULLER ENTERPRISES	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. MRS. LYNN GIVENS		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2015	
Mailing Address 315 W 3RD STREET		Transaction ID : SA11.3594	
City LITTLE ROCK	State AR	Zip Code 72201-2411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer AON RISK SERVICES	Occupation DIRECTOR OF ACCOUNT MANAGEMENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. MR. GEORGE G. GLEASON III		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address P.O. BOX 8811		Transaction ID : SA11.3402	
City LITTLE ROCK	State AR	Zip Code 72231-8811	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00 CONTRIBUTION	
Name of Employer BANK OF THE OZARKS	Occupation CHAIRMAN/C.E.O.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

SUBTOTAL of Receipts This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. GEORGE G. GLEASON III

Mailing Address P.O. BOX 8811

City State Zip Code
LITTLE ROCK AR 72231-8811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BANK OF THE OZARKS CHAIRMAN/C.E.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3403

Amount of Each Receipt this Period
 2300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LINDA D. GLEASON

Mailing Address 126 HICKORY CREEK CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3404

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LINDA D. GLEASON

Mailing Address 126 HICKORY CREEK CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3405

Amount of Each Receipt this Period
 2300.00
 CONTRIBUTION

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

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

7300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JAMES H. GLOVER

Mailing Address **6 HERITAGE PARK CIRCLE**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-8529**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GLOVER TRUCK AND TRAILER SALES** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3645

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVIDSON HALL

Mailing Address **22 ARMISTEAD ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-5428**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS, INC.** Occupation **INVESTMENT BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3561

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PETER G. HALLER

Mailing Address **2360 S. ARLINGTON RIDGE ROAD**

City **ARLINGTON** State **VA** Zip Code **22202-2255**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HILL STRATEGY, LLC** Occupation **MANAGING MEMBER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.3460

Amount of Each Receipt this Period
550.00
 CONTRIBUTION

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

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

1300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
RUSH HARDING III

Mailing Address 21 LA SCALA CT

City State Zip Code
LITTLE ROCK AR 72212-2793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CREWS & ASSOCIATES CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3412

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RUSH HARDING III

Mailing Address 21 LA SCALA CT

City State Zip Code
LITTLE ROCK AR 72212-2793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CREWS & ASSOCIATES CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3413

Amount of Each Receipt this Period
 2300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LUCAS HARGRAVES

Mailing Address 4525 STONEWALL RD

City State Zip Code
LITTLE ROCK AR 72207-2066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARGRAVES CONSULTING, LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11.3370

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

5250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ARTHUR P. HART

Mailing Address 35 TALLYHO LANE

City State Zip Code
LITTLE ROCK AR 72227-2443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED C.P.A.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3586

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HARRY HASTINGS III

Mailing Address 29 SHERRILL ROAD

City State Zip Code
LITTLE ROCK AR 72202-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11.3430

Amount of Each Receipt this Period
1250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HARRY HASTINGS JR.

Mailing Address 33 SHERRILL ROAD

City State Zip Code
LITTLE ROCK AR 72202-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3646

Amount of Each Receipt this Period
1250.00
CONTRIBUTION

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

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

2750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) MR. STAN HASTINGS		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2015
Mailing Address 24 SHERRILL ROAD		Transaction ID : SA11.3429
City LITTLE ROCK	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 1250.00
Name of Employer MOON DISTRIBUTORS	Occupation OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) MR. BRAD HEGEMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2015
Mailing Address 930 WAKEFIELD DRIVE		Transaction ID : SA11.3654
City CONWAY	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 250.00
Name of Employer NABHOLZ CONSTURCTION SERVICES	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. ERIC HERGET		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 20 / 2015
Mailing Address 425 WEST CAPITOL AVE SUITE 72201		Transaction ID : SA11.3653
City LITTLE ROCK	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 250.00
Name of Employer THE HOLMES ORGANIZATION OF ARKANSAS	Occupation INSURANCE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN C. HICKMAN

Mailing Address 19 E PALISADES

City State Zip Code
LITTLE ROCK AR 72207-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 30 2015

Transaction ID : SA11.3597

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAY F. HILL

Mailing Address 2415 NORTH JACKSON STREET

City State Zip Code
LITTLE ROCK AR 72207-3715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 30 2015

Transaction ID : SA11.3432

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAY F. HILL

Mailing Address 2415 NORTH JACKSON STREET

City State Zip Code
LITTLE ROCK AR 72207-3715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 30 2015

Transaction ID : SA11.3433

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

5650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. BARBARA ROGERS HOOVER

Mailing Address **5 EDGEHILL ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-5443**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3418

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DENNIS HUNT

Mailing Address **111 CENTER STREET**

City **LITTLE ROCK** State **AR** Zip Code **72201-4402**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS, INC.** Occupation **INVESTMENT BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 25 / 2015

Transaction ID : SA11.3639

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HOWARD C. HURST

Mailing Address **P.O. BOX 7329**

City **LITTLE ROCK** State **AR** Zip Code **72217-7329**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TIPTON & HURST** Occupation **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3588

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. MIMI M. HURST

Mailing Address 1921 NORTH SPRUCE

City State Zip Code
LITTLE ROCK AR 72207-4717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2015

Transaction ID : SA11.3638

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. STACY J. HURST

Mailing Address 2422 COUNTRY CLUB LANE

City State Zip Code
LITTLE ROCK AR 72207-2046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TIPTON & HURST OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3587

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JIM MARK INGRAM

Mailing Address 8 RIDGEVIEW COURT

City State Zip Code
LITTLE ROCK AR 72227-2360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LITTLE ROCK ALLERGY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3358

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. BLAKE JAMES

Mailing Address **8 NOYANT CT**

City **LITTLE ROCK** State **AR** Zip Code **72223-5081**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS INC.** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3647

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JASON M. JARCHO

Mailing Address **109 VERTICAL LOFT DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72201-1150**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS INC.** Occupation **MANAGING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.3649

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. HOPE JARKOWSKI

Mailing Address **243 NORTH HIGHLAND STREET**

City **ARLINGTON** State **VA** Zip Code **22201-**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DELTA STRATEGY GROUP** Occupation **PARTNER - GOVERNMENT AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : SA11.3614

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. CATHERINE JOHNSON

Mailing Address 425 WEST CAPITOL AVENUE

City State Zip Code
LITTLE ROCK AR 72201-3405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CATHERINE JOHNSON & ASSOCIATES, INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3549

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID JOHNSON

Mailing Address 918 E LINCOLN, SUITE 1

City State Zip Code
SEARCY AR 72143-7417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3590

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JIM JONES

Mailing Address 17 RIDGEVIEW DRIVE

City State Zip Code
LITTLE ROCK AR 72227-2339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CREWS AND ASSOCIATES INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015

Transaction ID : SA11.3469

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. JOHN C. JONES

Mailing Address **12 LONGFELLOW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3750**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SURGICAL CLINIC OF CENTRAL ARKANSAS** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3361

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALEXANDER JORDAN

Mailing Address **5 RIDGEVIEW COURT**

City **LITTLE ROCK** State **AR** Zip Code **72227-2340**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS INC.** Occupation **INVESTMENT SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.3633

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MAX KANE

Mailing Address **1701 N. SPRUCE**

City **LITTLE ROCK** State **AR** Zip Code **72207-5459**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS INSURANCE, LLC** Occupation **INSURANCE CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.3650

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JAMES H. KEET

Mailing Address P.O. BOX 23602

City State Zip Code
LITTLE ROCK AR 72221-3602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEET MANAGEMENT COMPANY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : SA11.3476

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. WHITFIELD L. KNAPPLE

Mailing Address 4703 CRESTWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72207-5435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3355

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID A. KNIGHT

Mailing Address 3 WEST PALISADES

City State Zip Code
LITTLE ROCK AR 72207-1853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. ATTORNEY AT LAW

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11.3624

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JACKIE LACKIE

Mailing Address **46 OVERLOOK DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMERICAN MATERIAL** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3562

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROGER LACY

Mailing Address **1 LAKEWOOD DRIVE**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-6959**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIDLAW AND LACY COMMERCIAL BUILDING** Occupation **REAL ESTATE MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3591

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LEON G. LANTS III

Mailing Address **31 CHENAL CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-9567**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS INC.** Occupation **TRADER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3644

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. TIM LOCKE

Mailing Address **2111 WOODMONT ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22307-1156**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE SMITH-FREE GROUP** Occupation **SENIOR VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : SA11.3616

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. MABREY SR.

Mailing Address **1708 NORTH PALM STREET**

City **LITTLE ROCK** State **AR** Zip Code **72207-5456**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MAGIE MABREY EYE CLINIC** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : SA11.3384

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE A. MAKRIS JR.

Mailing Address **900 WEST 46TH STREET #7**

City **PINE BLUFF** State **AR** Zip Code **71603-7164**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SIMMONS FIRST NATIONAL CORPORTATION** Occupation **CHAIRMAN AND CHIEF EXECUTIVE OFFICE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11.3422

Amount of Each Receipt this Period
2300.00
 CONTRIBUTION

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

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

3800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. GEORGE A. MAKRIS JR.

Mailing Address **900 WEST 46TH STREET**
#7

City **PINE BLUFF** State **AR** Zip Code **71603-7164**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SIMMONS FIRST NATIONAL CORPORTATION** Occupation **CHAIRMAN AND CHIEF EXECUTIVE OFFICE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11.3423

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRAD MANNIS

Mailing Address **4055 SERAPH DRIVE, SUITE 1**

City **CONWAY** State **AR** Zip Code **72034-3536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MANNCO ENVIRONMENTAL SERVICES, INC.** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3592

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. CHARLES F. MASON

Mailing Address **38 FOREST VALLEY LANE**

City **LITTLE ROCK** State **AR** Zip Code **72223-4709**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3362

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

3450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. FARREL E. MASON

Mailing Address 1 TREETOPS LANE
#204

City State Zip Code
LITTLE ROCK AR 72202-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 30 2015

Transaction ID : SA11.3670

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARVIN H. MAURRAS

Mailing Address P.O. BOX 21258

City State Zip Code
LITTLE ROCK AR 72221-1258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 30 2015

Transaction ID : SA11.3569

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK MCBRYDE

Mailing Address 30 RIDGEVIEW DRIVE

City State Zip Code
LITTLE ROCK AR 72227-2361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS INC. INVESMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 30 2015

Transaction ID : SA11.3563

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
JAMES MILES

Mailing Address **44 BRISTOL COURT**

City **LITTLE ROCK** State **AR** Zip Code **72211-2164**

FEC ID number of contributing federal political committee. **C**

Name of Employer **COVENANT MEDICAL BENEFITS** Occupation **PRESIDENT/SMALL BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3374

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES M. MILLER

Mailing Address **1400 W MARKHAM ST #302**

City **LITTLE ROCK** State **AR** Zip Code **72201-**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ARKANSAS ENVIRONMENTAL FEDERATION** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.3539

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. GEORGE MITCHELL

Mailing Address **1511 NORTH FILLMORE**

City **LITTLE ROCK** State **AR** Zip Code **72207-5371**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11.3504

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DAVID MOIX

Mailing Address 6215 GREENWOOD

City State Zip Code
LITTLE ROCK AR 72207-1842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.3628

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN MONROE

Mailing Address 53 TALLYHO LANE

City State Zip Code
LITTLE ROCK AR 72227-2441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIMMONS FIRST NATIONAL BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3564

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MALCOM MOORE JR.

Mailing Address 2317 BEECHWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-2025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3360

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOE MORGAN

Mailing Address **26 DUCLAIR COURT**

City **LITTLE ROCK** State **AR** Zip Code **72223-9570**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3570

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH MOWERY

Mailing Address **3715 DORAL DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2923**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS, INC.** Occupation **INVESTMENT BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3643

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CATHY HASTINGS OWEN

Mailing Address **43 ROBINWOOD DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72227-2225**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EAGLE BANK** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11.3428

Amount of Each Receipt this Period
1250.00
 CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. SCOTT PACE

Mailing Address 19 CHALLAIN CV

City State Zip Code
LITTLE ROCK AR 72223-5521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KAVANAUGH PHARAMACY PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11.3357

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ASHLEY A. PALERMO

Mailing Address 183 COURTS LANE

City State Zip Code
LITTLE ROCK AR 72223-9018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS INC. SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3573

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL PARKER

Mailing Address 23 HAYFIELD ROAD

City State Zip Code
LITTLE ROCK AR 72207-1601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NABHOLZ CONSTRUCTION SERVICES EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2015

Transaction ID : SA11.3664

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. RICHARD PARKER

Mailing Address 1 HICKORY CREEK COVE

City State Zip Code
LITTLE ROCK AR 72212-2525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PARKER CADILLAC, INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015

Transaction ID : SA11.3471

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CHERYL PAYNE-NESUDA

Mailing Address 17 ALTON LANE

City State Zip Code
LITTLE ROCK AR 72211-2191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3572

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STANLEY PAYNE

Mailing Address 3 GERMANY COURT

City State Zip Code
LITTLE ROCK AR 72223-5520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS INSURANCE, LLC INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3571

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JAMES PENDER
 Mailing Address 415 NORTH MCKINLEY STREET
 SUITE 1200
 City Little Rock State AR Zip Code 72205-3279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PENDER LAW FIRM, P.A. Occupation ATTORNEY AT LAW
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : SA11.3625
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JOE PEVAHOUSE
 Mailing Address 3 EDGEHILL ROAD
 City Little Rock State AR Zip Code 72207-5443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : SA11.3657
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. ROBERT A. PORTER JR.
 Mailing Address 1900 SHADOW LANE
 City Little Rock State AR Zip Code 72207-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEPHENS INC. Occupation INVESTMENTS
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015
Transaction ID : SA11.3574
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. ROBERT E. POWERS

Mailing Address **P.O. BOX 7288**

City **LITTLE ROCK** State **AR** Zip Code **72217-7288**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SOUTHERN REGIONAL ANESTHESIOLOGY C** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : SA11.3383

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARTIN M. RHODES

Mailing Address **5 LONGFELLOW PLACE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3723**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPHENS, INC.** Occupation **CHIEF EXECUTIVE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3575

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. RICHARD RILEY

Mailing Address **30 RIVER RIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-1520**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **CHIROPRACTIC PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3363

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOE R. ROBERTS JR.

Mailing Address 49 TALLYHO LANE

City State Zip Code
LITTLE ROCK AR 72227-2443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STERNE, AGEE INVESTMENT SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3665

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD Y. ROBERTS

Mailing Address 3916 BENTWOOD COURT

City State Zip Code
FAIRFAX VA 22031-3252

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROBERTS, RAHEB, & GRADLER L.L.C. PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3457

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. REYNIE RUTLEDGE

Mailing Address P.O. BOX 1009

City State Zip Code
SEARCY AR 72145-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIRST SECURITY BANK CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3400

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

4700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. REYNIE RUTLEDGE

Mailing Address P.O. BOX 1009

City State Zip Code
SEARCY AR 72145-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIRST SECURITY BANK CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3401

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. WENDY F. SAER

Mailing Address 21 LONGFELLOW LANE

City State Zip Code
LITTLE ROCK AR 72207-3752

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11.3375

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KEVIN M. SCANLON

Mailing Address 5524 NORTH GRANDVIEW STREET

City State Zip Code
LITTLE ROCK AR 72207-1912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3577

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

3450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. LOUIS E. SCHICKEL

Mailing Address 11601 PLEASANT RIDGE ROAD
SUITE 300

City Little Rock State AR Zip Code 72212-2241

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3544

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TOM SCHUECK

Mailing Address P.O. BOX 16390

City Little Rock State AR Zip Code 72231-6390

FEC ID number of contributing federal political committee. **C**

Name of Employer LEXICON, INC. Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3416

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVEN SCHULTE

Mailing Address 13200 BART MORELAND DRIVE

City ROLAND State AR Zip Code 72135-8001

FEC ID number of contributing federal political committee. **C**

Name of Employer SCHULTE LAW FIRM Occupation ATTORNEY AT LAW

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : SA11.3621

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH SCOTT
 Mailing Address 2206 NORTH PALM STREET
 City State Zip Code
 LITTLE ROCK AR 72207-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 26 2015
Transaction ID : SA11.3415
 Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MORIN SCOTT
 Mailing Address 1100 WEST CAPITOL AVE
 City State Zip Code
 LITTLE ROCK AR 72201-3006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOUTHWEST HOTELS PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 26 2015
Transaction ID : SA11.3414
 Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. COURTNEY SHEPPARD
 Mailing Address 1710 HILLSBOROUGH LANE
 City State Zip Code
 LITTLE ROCK AR 72212-3757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOVERNMENT SOLUTIONS PARTNER
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 11 2015
Transaction ID : SA11.3368
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

5650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. WARREN SIMPSON

Mailing Address 2211 BEECHWOOD

City State Zip Code
LITTLE ROCK AR 72207-2023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3576

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ELIZABETH SMALL

Mailing Address 1501 NORTH UNIVERSITY SUITE 740

City State Zip Code
LITTLE ROCK AR 72207-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PDC COMPANIES REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.3637

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ISAAC SMITH

Mailing Address 2406 N. GRANT

City State Zip Code
LITTLE ROCK AR 72207-3602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COLLIERS INTERNATIONAL, INC. REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3565

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JAMES E. SMITH

Mailing Address 5214 FARRINGTON RD

City State Zip Code
BETHESDA MD 20816-2920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE SMITH-FREE GROUP CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : SA11.3473

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES W. SMITH

Mailing Address 226 WEST DICKSON STREET

City State Zip Code
FAYETTEVILLE AR 72701-5221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SMITH HURST, P.L.C. ATTORNEY AT LAW

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11.3622

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID E. SNOWDEN JR.

Mailing Address 20 LONGFELLOW LANE

City State Zip Code
LITTLE ROCK AR 72207-3750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TARCO, INC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : SA11.3655

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ROBERT STATEN

Mailing Address 12 CHIMNEY SWEEP LANE

City State Zip Code
LITTLE ROCK AR 72212-2083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3567

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PHILIP TAPPAN

Mailing Address 8 EAST PALISADES

City State Zip Code
LITTLE ROCK AR 72207-1904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PURPLE COW RESTAURANTS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2950.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.3448

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PHILIP TAPPAN

Mailing Address 8 EAST PALISADES

City State Zip Code
LITTLE ROCK AR 72207-1904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PURPLE COW RESTAURANTS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2950.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3666

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

3450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ALAN B. TEDFORD

Mailing Address 1814 SHADOW LANE

City State Zip Code
LITTLE ROCK AR 72207-2016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3595

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANK THOMAS

Mailing Address 14601 BLACK BEAR DRIVE

City State Zip Code
LITTLE ROCK AR 72223-1993

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS INVESTMENTS HOLDINGS, L.L.C ASSISTANT TO THE CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3568

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. HENRY THOMAS

Mailing Address 36 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207-5462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.A.M.S. OPHTHALMOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3365

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. KIRKLEY A. THOMAS

Mailing Address 228 TAYLOR PARK DRIVE

City State Zip Code
LITTLE ROCK AR 72211-4077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ELECTRIC COOPERATIVES OF ARKANSAS VICE PRESIDENT OF GOVERNMENT AFFAIR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : SA11.3578

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. R. F. TOLL

Mailing Address 12900 RIDGEHAVE ROAD

City State Zip Code
LITTLE ROCK AR 72211-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3505

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT ULREY

Mailing Address 2604 NORTH FILLMORE STREET

City State Zip Code
LITTLE ROCK AR 72207-3617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. MANAGING DIRECTOR, INVESTMENT BANK

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11.3652

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. CHARLIE WATKINS

Mailing Address **5 ST. VINCENT CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72205-5412**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CARDIOVASCULAR SURGEONS** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3579

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. TERRI BUTLER WATKINS

Mailing Address **44 EDGEHILL ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-5462**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WELLS FARGO** Occupation **INVESTMENT BANKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : SA11.3580

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RUBIN WEBB

Mailing Address **300 RICHWOODS DRIVE**

City **BRYANT** State **AR** Zip Code **72022-3269**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.3538

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. CHARLES B. WHITESIDE III

Mailing Address 2905 NORTH FILLMORE

City State Zip Code
LITTLE ROCK AR 72207-2812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERRILL LYNCH FINANCIAL CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3420

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK WHITE

Mailing Address PO BOX 2181

City State Zip Code
LITTLE ROCK AR 72203-2181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUE CROSS BLUE SHIELD PRESIDENT AND C.E.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3371

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GORDON M. WILBOURN

Mailing Address 12 RIDGEVIEW CT

City State Zip Code
LITTLE ROCK AR 72227-2360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KUTAK ROCK L.L.P. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11.3629

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. DIANE D. WILDER M.D.

Mailing Address 31 EDGEHILL RD

City: LITTLE ROCK State: AR Zip Code: 72207-5461

FEC ID number of contributing federal political committee: C

Name of Employer: LITTLE ROCK HEMATOLOGY/ONCOLOGY AS Occupation: PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 05 / 11 / 2015

Transaction ID : SA11.3348

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. DIANE D. WILDER M.D.

Mailing Address 31 EDGEHILL RD

City: LITTLE ROCK State: AR Zip Code: 72207-5461

FEC ID number of contributing federal political committee: C

Name of Employer: LITTLE ROCK HEMATOLOGY/ONCOLOGY AS Occupation: PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 05 / 11 / 2015

Transaction ID : SA11.3349

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JENNIFER WILSON-HARVEY

Mailing Address 2201 NORTH SPRUCE STREET

City: LITTLE ROCK State: AR Zip Code: 72207-4731

FEC ID number of contributing federal political committee: C

Name of Employer: WILSON AND ASSOCIATES, P.L.L.C. Occupation: MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 22 / 2015

Transaction ID : SA11.3648

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

5900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. LARRY T. WILSON

Mailing Address #3 NIXON DRIVE

City JACKSONVILLE State AR Zip Code 72076-5516

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST ARKANSAS BANK AND TRUST Occupation BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3410

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LARRY T. WILSON

Mailing Address #3 NIXON DRIVE

City JACKSONVILLE State AR Zip Code 72076-5516

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST ARKANSAS BANK AND TRUST Occupation BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3411

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WENDY WILSON

Mailing Address 3 NIXON DR

City JACKSONVILLE State AR Zip Code 72076-5516

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3408

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

7900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
WENDY WILSON

Mailing Address **3 NIXON DR**

City **JACKSONVILLE** State **AR** Zip Code **72076-5516**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11.3409

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RANDY ZOOK

Mailing Address **P.O. BOX 265**

City **MELBOURNE** State **AR** Zip Code **72556-0265**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ARKANSAS STATE CHAMBER OF COMMERC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3373

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2750.00

164000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
LUKE MESSER FOR CONGRESS

Mailing Address P.O. BOX 917

City State Zip Code
SHELBYVILLE IN 46176-0917

FEC ID number of contributing federal political committee. **C C00460667**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2015

Transaction ID : SA11.3434

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, N.W.
SUITE 600

City State Zip Code
WASHINGTON DC 20036-3971

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 07 2015

Transaction ID : SA11.3393

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, N.W.
SUITE 600

City State Zip Code
WASHINGTON DC 20036-3971

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2015

Transaction ID : SA11.3458

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICA

Mailing Address 1891 PRESTON WHITE DR

City RESTON State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11.3668

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC

Mailing Address 1800 M ST NW

City WASHINGTON State DC Zip Code 20036-5802

FEC ID number of contributing federal political committee. **C C00012914**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3442

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ARVEST BANK GROUP, INC. PAC

Mailing Address P.O. BOX 799

City LOWELL State AR Zip Code 72745-0799

FEC ID number of contributing federal political committee. **C C00336768**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11.3472

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

9500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
ASSURANT INC. POLITICAL ACTION COMMITTEE

Mailing Address 501 W MICHIGAN ST

City State Zip Code
MILWAUKEE WI 53203-2706

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : SA11.3396

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1455 PENNSYLVANIA AVE SE

City State Zip Code
WASHINGTON DC 20003-3030

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3439

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BLAINE PAC

Mailing Address P.O. BOX 96

City State Zip Code
ST. ELIZABETH MO 65075-0096

FEC ID number of contributing federal political committee. **C** C00489427

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3547

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) BLAINE PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015
Mailing Address P.O. BOX 96		Transaction ID : SA11.3611
City ST. ELIZABETH	State MO	Zip Code 65075-0096
FEC ID number of contributing federal political committee. C C00489427	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015
Mailing Address P.O. BOX 961039		Transaction ID : SA11.3441
City FORT WORTH	State TX	Zip Code 76161-0039
FEC ID number of contributing federal political committee. C C00235739	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERA		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015
Mailing Address 1101 PENNSYLVANIA AVE NW		Transaction ID : SA11.3605
City WASHINGTON	State DC	Zip Code 20004-2504
FEC ID number of contributing federal political committee. C C00008474	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
COMMERCIAL REAL ESTATE FINANCE COUNCIL PAC

Mailing Address 900 7TH ST NW

City State Zip Code
D.C. DC 20001-3886

FEC ID number of contributing federal political committee. **C C00411173**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3398

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DT

Mailing Address 228 WASHINGTON ST., STE 115

City State Zip Code
ALEXANDRIA VA 22314-5408

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3452

Amount of Each Receipt this Period
 1850.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DT

Mailing Address 228 WASHINGTON ST., STE 115

City State Zip Code
ALEXANDRIA VA 22314-5408

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : SA11.3658

Amount of Each Receipt this Period
 650.00

CONTRIBUTION

IN-KIND

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

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

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 2980 FAIRVIEW PARK DR

City State Zip Code
FALLS CHURCH VA 22042-4511

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11.3378

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ENPAC FEDERAL

Mailing Address 101 CONSTITUTION AVE, NW
SUITE 200 EAST

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing federal political committee. **C C00363879**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3437

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ERNST & YOUNG PAC

Mailing Address 1101 NEW YORK AVENUE, N.W.

City State Zip Code
WASHINGTON DC 20005-4269

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3446

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
EXPRESS SCRIPTS, INC. PAC

Mailing Address **ONE EXPRESS WAY**

City **ST. LOUIS** State **MO** Zip Code **63121-1824**

FEC ID number of contributing federal political committee. **C C00365072**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : SA11.3602

Amount of Each Receipt this Period
3000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 20503**

City **INDIANAPOLIS** State **IN** Zip Code **46220-0503**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : SA11.3392

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 20503**

City **INDIANAPOLIS** State **IN** Zip Code **46220-0503**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11.3464

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 20503**

City **INDIANAPOLIS** State **IN** Zip Code **46220-0503**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11.3667

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GARVERPAC

Mailing Address **PO BOX 1084**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72115-1084**

FEC ID number of contributing federal political committee. **C C00559609**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11.3548

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **1299 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20004-2400**

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.3451

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
GENWORTH FINANCIAL INC POLITICAL ACTION COMMITTEE

Mailing Address 6620 W BROAD ST

City Richmond State VA Zip Code 23230-1716

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3444

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVENUE, N.W.
SUITE 500 WEST

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4917.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : SA11.3386

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
IBERIABANK CORPORATION FED PAC

Mailing Address 200 WEST CONGRESS STREET

City Lafayette State LA Zip Code 70501-6873

FEC ID number of contributing federal political committee. **C** C00406066

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3421

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L STREET, N.W.
SUITE 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : SA11.3387

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L STREET, N.W.
SUITE 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3450

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL

Mailing Address 1615 L ST NW

City WASHINGTON State DC Zip Code 20036-5610

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11.3482

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP
 Mailing Address 1101 PENNSYLVANIA AVE NW
 City State Zip Code
 WASHINGTON DC 20004-2504
 FEC ID number of contributing federal political committee. **C C00034405**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11.3456
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC. PAC
 Mailing Address 555 12TH STREET, N.W.
 SUITE 660
 City State Zip Code
 WASHINGTON DC 20004-1241
 FEC ID number of contributing federal political committee. **C C00217638**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11.3465
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JPMORGAN CHASE & CO. PAC
 Mailing Address 601 PENNSYLVANIA AVE NW
 City State Zip Code
 WASHINGTON DC 20004-2601
 FEC ID number of contributing federal political committee. **C C00128512**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : SA11.3608
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)

Mailing Address 1601 K ST NW

City WASHINGTON State DC Zip Code 20006-1682

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : SA11.3461

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC

Mailing Address P.O. BOX 18254

City WASHINGTON State DC Zip Code 20036-8254

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3463

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL A

Mailing Address 2121 CRYSTAL DR

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11.3379

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL A

Mailing Address 2121 CRYSTAL DR

City State Zip Code
ARLINGTON VA 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2015

Transaction ID : SA11.3381

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOEWS CORPORATION PUBLIC AFFAIRS COMMITTEE

Mailing Address 667 MADISON AVE

City State Zip Code
NY NY 10065-8029

FEC ID number of contributing federal political committee. **C** C00416495

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015

Transaction ID : SA11.3427

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MORGAN STANLEY POLITICAL ACTION COMMITTEE

Mailing Address 1585 BROADWAY

City State Zip Code
NY NY 10036-8200

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.3603

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 1919 M ST NW

City State Zip Code
WASHINGTON DC 20036-3521

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11.3380

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 1919 M ST NW

City State Zip Code
WASHINGTON DC 20036-3521

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11.3669

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MURPHY OIL CORPORATION PAC

Mailing Address P.O. BOX 602

City State Zip Code
EL DORADO AR 71731-0602

FEC ID number of contributing federal political committee. **C C00145722**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.3445

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11.3478

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRU

Mailing Address 1875 I STREET, NW, SUITE 600

City State Zip Code
WASHINGTON DC 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11.3479

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL AD

Mailing Address 2901 TELESTAR CT

City State Zip Code
FALLS CHURCH VA 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : SA11.3607

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1015 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11.3488

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. NATIONAL MULTIFAMILY HOUSING COUNCIL PAC

Full Name (Last, First, Middle Initial)
NATIONAL MULTIFAMILY HOUSING COUNCIL PAC

Mailing Address 1850 M STREET, N.W.
SUITE 540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3459

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. NEW YORK LIFE INSURANCE PAC

Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE PAC

Mailing Address 51 MADISON AVENUE
ROOM 1109

City NEW YORK State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : SA11.3395

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION CO

Mailing Address 700 NEWPORT CENTER DR

City State Zip Code
NEWPORT BEACH CA 92660-6307

FEC ID number of contributing federal political committee. **C C00068528**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.3453

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PRUDENTIAL FINANCIAL INC. FEDERAL POLITICAL ACTION

Mailing Address 751 BROAD ST

City State Zip Code
NEWARK NJ 07102-3714

FEC ID number of contributing federal political committee. **C C00127779**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : SA11.3606

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RADIAN GROUP EMPLOYEE'S POLITICAL ACTION COMMITTEE

Mailing Address 1601 MARKET ST

City State Zip Code
PHILADELPHIA PA 19103-2301

FEC ID number of contributing federal political committee. **C C00302166**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : SA11.3613

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE., N.W.
SUITE 720

City WASHINGTON State DC Zip Code 20004-2686

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : SA11.3388

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE., N.W.
SUITE 720

City WASHINGTON State DC Zip Code 20004-2686

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.3604

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REGIONS FINANCIAL CORPORATION PAC

Mailing Address 1015 15TH STREET, N.W.
SUITE 920

City WASHINGTON State DC Zip Code 20005-2623

FEC ID number of contributing federal political committee. **C** C00432252

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015

Transaction ID : SA11.3467

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
SAFARI CLUB INTERNATIONAL PAC

Mailing Address 4800 WEST GATES PASS ROAD

City TUSCON State AZ Zip Code 85745-9600

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3462

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SIFMA-PAC

Mailing Address 1101 NEW YORK AVENUE, N.W.
SUITE 800

City WASHINGTON State DC Zip Code 20005-4279

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.3609

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SIFMA-PAC

Mailing Address 1101 NEW YORK AVENUE, N.W.
SUITE 800

City WASHINGTON State DC Zip Code 20005-4279

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.3610

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
SMALL BUSINESS INVESTOR ALLIANCE PAC

Mailing Address 1100 H ST NW

City WASHINGTON State DC Zip Code 20005-5476

FEC ID number of contributing federal political committee. **C C00109991**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : SA11.3480

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICA

Mailing Address 701 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : SA11.3481

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COM

Mailing Address 101 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.3612

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1155 F ST NW

City WASHINGTON State DC Zip Code 20004-1312

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015

Transaction ID : SA11.3390

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATIO

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : SA11.3487

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATIO

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.3671

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATIO

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.3672

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FED

Mailing Address 720 E WISCONSIN AVE

City MILWAUKEE State WI Zip Code 53202-4703

FEC ID number of contributing federal political committee. **C C00197095**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015

Transaction ID : SA11.3477

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE TRAVELERS COMPANIES, INC. POLITICAL ACTION COM

Mailing Address 1 TOWER SQUARE

City HARTFORD State CT Zip Code 06183-0001

FEC ID number of contributing federal political committee. **C C00376376**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015

Transaction ID : SA11.3391

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
U.S. BANCORP FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address **950 F ST NW**

City **WASHINGTON** State **DC** Zip Code **20004-1438**

FEC ID number of contributing federal political committee. **C C00488882**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : SA11.3382

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS)

Mailing Address **400 ATLANTIC ST**

City **STAMFORD** State **CT** Zip Code **06901-3512**

FEC ID number of contributing federal political committee. **C C00012245**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11.3426

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORPORATION FOR EFFECTIVE GOVERNMENT

Mailing Address **700 13TH STREET, N.W.
SUITE 350**

City **WASHINGTON** State **DC** Zip Code **20005-3960**

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11.3466

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

8000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11.3377

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : SA11.3385

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION C

Mailing Address 1101 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004-2504

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11.3397

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
UNIVERSAL HEALTH SERVICES INC EMPLOYEES' GOOD GOVE

Mailing Address **367 S GULPH RD**

City **KING OF PRUSSIA** State **PA** Zip Code **19406-3121**

FEC ID number of contributing federal political committee. **C C00185520**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3399

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FA

Mailing Address **SOUTH 6TH ST**

City **MINNEAPOLIS** State **MN** Zip Code **55402-**

FEC ID number of contributing federal political committee. **C C00034595**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11.3376

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FA

Mailing Address **SOUTH 6TH ST**

City **MINNEAPOLIS** State **MN** Zip Code **55402-**

FEC ID number of contributing federal political committee. **C C00034595**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.3449

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

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

4250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 400 NORTH CAPITOL STREET, NW
SUITE 490

City WASHINGTON State DC Zip Code 20001-6509

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.3454

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WINDSTREAM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 4001 RODNEY PARHAM RD

City LITTLE ROCK State AR Zip Code 72212-2459

FEC ID number of contributing federal political committee. **C** C00425975

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : SA11.3394

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2000.00

118750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ALLISON JOHNSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.I1247
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement CONSULTING - FUNDRAISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ALLISON JOHNSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 2800.00 Transaction ID : SB17.I1250
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement CONSULTING - FUNDRAISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ALLISON JOHNSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 225.86 Transaction ID : SB17.I1251
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement REIMBURSEMENT - FUNDRAISING EVENT SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4425.86
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ALLISON JOHNSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 214.55 Transaction ID : SB17.I1255
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement REIMBURSEMENT - FUNDRAISING EVENT SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ALLISON JOHNSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 2800.00 Transaction ID : SB17.I1256
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement CONSULTING - FUNDRAISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 97.28 Transaction ID : SB17.I1240
City LITTLE ROCK	State AR	
Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3111.83
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2015
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 43.60
City LITTLE ROCK	State AR Zip Code 72204	
Purpose of Disbursement PRINTING SERVICES	Category/Type	Transaction ID : SB17.I1246
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ARKANSAS STATE CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 1200 WEST CAPITOL AVENUE		Amount of Each Disbursement this Period 50.00
City LITTLE ROCK	State AR Zip Code 72201	
Purpose of Disbursement ROOM RENTAL	Category/Type	Transaction ID : SB17.I1252
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN MAIL & DATA, INC. DBA CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement SOFTWARE	Category/Type	Transaction ID : SB17.I1235
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	891.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. CAMPAIGN MAIL & DATA, INC. DBA CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2015

Amount of Each Disbursement this Period: 798.00

Transaction ID : SB17.I1264

Full Name (Last, First, Middle Initial)
B. CAMPAIGN MAIL & DATA, INC. DBA CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 06 / 29 / 2015

Amount of Each Disbursement this Period: 798.00

Transaction ID : SB17.I1296

Full Name (Last, First, Middle Initial)
C. DIRECT MAIL SYSTEMS

Mailing Address 12450 AUTOMOBILE BOULEVARD

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 05 / 13 / 2015

Amount of Each Disbursement this Period: 1202.00

Transaction ID : SB17.I1248

SUBTOTAL of Disbursements This Page (optional)..... 2798.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL SYSTEMS

Mailing Address 12450 AUTOMOBILE BOULEVARD

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 05 / 2015

Amount of Each Disbursement this Period: 2695.85

Transaction ID : SB17.I1257

Category/Type

Full Name (Last, First, Middle Initial)

B. MITCHELL WILLIAMS LAW

Mailing Address 425 WEST CAPITOL AVENUE

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement COURIER SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2015

Amount of Each Disbursement this Period: 10.00

Transaction ID : SB17.I1254

Category/Type

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL

Mailing Address 300 FIRST STREET

City SE WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGE FOR EVENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 22 / 2015

Amount of Each Disbursement this Period: 250.19

Transaction ID : SB17.I1249

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 2956.04

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 300 FIRST STREET			Amount of Each Disbursement this Period 148.79
City SE WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGE FOR EVENT		Candidate Name	Transaction ID : SB17.I1253
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 300 FIRST STREET			Amount of Each Disbursement this Period 362.19
City SE WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGE FOR EVENT		Candidate Name	Transaction ID : SB17.I1298
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 300 FIRST STREET			Amount of Each Disbursement this Period 172.70
City SE WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGE FOR EVENT		Candidate Name	Transaction ID : SB17.I1299
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	683.68
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. PROSPECT BUILDING		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address 1501 N. UNIVERSITY AVENUE		Amount of Each Disbursement this Period 431.34 Transaction ID : SB17.I1238
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement MONTHLY RENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PROSPECT BUILDING		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 1501 N. UNIVERSITY AVENUE		Amount of Each Disbursement this Period 408.73 Transaction ID : SB17.I1242
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement MONTHLY RENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PROSPECT BUILDING		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address 1501 N. UNIVERSITY AVENUE		Amount of Each Disbursement this Period 416.64 Transaction ID : SB17.I1291
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement MONTHLY RENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1256.71
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 716.61 Transaction ID : SB17.I1300
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 381.50 Transaction ID : SB17.I1301
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 55.15 Transaction ID : SB17.I1265
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	CREDIT CARD PAYMENTS - SEE MEMO ITEMS

SUBTOTAL of Disbursements This Page (optional).....	1153.26
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 55.15
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type	Transaction ID : SB17.I1266
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 4/16/2015

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 191.24
City TULSA State OK Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS	
Candidate Name	Category/Type	Transaction ID : SB17.I1267
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		CREDIT CARD PAYMENTS - SEE MEMO ITEMS

Full Name (Last, First, Middle Initial) C. CURB		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 5904 RICHMOND HIGHWAY, SUITE 600		Amount of Each Disbursement this Period 15.44
City ALEXANDRIA State VA Zip Code 22303	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.I1272
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 4/16/2015

SUBTOTAL of Disbursements This Page (optional).....	191.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)

A. DC TAXI

Mailing Address 1636 BLADENSBURG ROAD

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2015

Amount of Each Disbursement this Period: 11.44

Transaction ID : SB17.I1269

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 4/16/2015

Full Name (Last, First, Middle Initial)

B. GOOGLE ADS

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement INTERNET ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 03 / 2015

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I1271

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 4/16/2015

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 512 MEANS STREET, SUITE 404

City ALTANTA State GA Zip Code 30318

Purpose of Disbursement INTERNET ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2015

Amount of Each Disbursement this Period: 30.00

Transaction ID : SB17.I1270

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 4/16/2015

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 55.15
City LITTLE ROCK	State AR Zip Code 72202	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.I1268
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 4/16/2015
State: District:		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 55.15
City TULSA	State OK Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	Category/Type	Transaction ID : SB17.I1273
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 55.15
City DALLAS	State TX Zip Code 75202	
Purpose of Disbursement TELEPHONE	Category/Type	Transaction ID : SB17.I1274
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/21/2015
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	55.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 1126.19
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	Transaction ID : SB17.I1275
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Amount of Each Disbursement this Period 418.00
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1279
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/21/15
State: District:		

Full Name (Last, First, Middle Initial) C. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 512 MEANS STREET, SUITE 404		Amount of Each Disbursement this Period 30.00
City ALTANTA	State GA	
Zip Code 30318	Purpose of Disbursement INTERNET ADVERTISING	Transaction ID : SB17.I1276
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/21/2015
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1126.19
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 300 FIRST STREET			Amount of Each Disbursement this Period 400.00
City SE WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGE FOR EVENT		Category/ Type	Transaction ID : SB17.I1280 [MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/21/15
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 2600 CANTRELL ROAD			Amount of Each Disbursement this Period 33.19
City LITTLE ROCK	State AR	Zip Code 72202	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17.I1277 [MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/21/15
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. US POST OFFICE			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address FOREST PARK STATION			Amount of Each Disbursement this Period 245.00
City LITTLE ROCK	State AR	Zip Code 72207	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.I1278 [MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/21/15
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SECURITY BANKCARD			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address P.O. BOX 22116			Amount of Each Disbursement this Period 55.15
City TULSA	State OK	Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS		Category/ Type	Transaction ID : SB17.I1281
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:			

Full Name (Last, First, Middle Initial) B. AT&T			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address 208 SOUTH AKARD STREET			Amount of Each Disbursement this Period 55.15
City DALLAS	State TX	Zip Code 75202	
Purpose of Disbursement TELEPHONE		Category/ Type	Transaction ID : SB17.I1282
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 6/18/15
State: District:			

Full Name (Last, First, Middle Initial) C. SECURITY BANKCARD			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address P.O. BOX 22116			Amount of Each Disbursement this Period 362.54
City TULSA	State OK	Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS		Category/ Type	Transaction ID : SB17.I1283
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	417.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Amount of Each Disbursement this Period 74.00
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1288
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 6/18/2015
State: District:		

Full Name (Last, First, Middle Initial) B. GODADDY.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015
Mailing Address 14455 N. HAYDEN ROAD, SUITE 226		Amount of Each Disbursement this Period 197.04
City SCOTTSDALE	State AZ	
Zip Code 85260	Purpose of Disbursement COMPUTER - DOMAIN RENEWAL	Transaction ID : SB17.I1286
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 6/18/15
State: District:		

Full Name (Last, First, Middle Initial) C. GOOGLE ADS		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 25.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement INTERNET ADVERTISING	Transaction ID : SB17.I1284
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 6/18/2015
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 512 MEANS STREET, SUITE 404		Amount of Each Disbursement this Period 30.00
City ALTANTA State GA Zip Code 30318	Purpose of Disbursement INTERNET ADVERTISING	
Candidate Name		Transaction ID : SB17.I1285
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 6/18/15

Full Name (Last, First, Middle Initial) B. MTA (METROPOLITAN TRANSIT AUTHORITY)		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2015
Mailing Address 333 W. 34TH STREET, 9TH FLOOR		Amount of Each Disbursement this Period 20.00
City NEW YORK State NY Zip Code 10001	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.I1290
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 6/18/15

Full Name (Last, First, Middle Initial) C. NYC TAXI		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 33 BEAVER STREET		Amount of Each Disbursement this Period 8.50
City NEW YORK CITY State NY Zip Code 10004	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.I1287
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 6/18/15

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. YELLOW CAB COMPANY OF DC, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2015
Mailing Address 1636 BLADENSBURG RD. NE		Amount of Each Disbursement this Period 8.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.I1289
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 6/18/15

Full Name (Last, First, Middle Initial) B. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 6.81
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
Candidate Name	Category/Type	Transaction ID : SB17.I1236
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 6.85
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
Candidate Name	Category/Type	Transaction ID : SB17.I1237
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 99.99 Transaction ID : SB17.I1258
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement BANK CHARGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 99.99 Transaction ID : SB17.I1259
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement BANK CHARGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 99.99 Transaction ID : SB17.I1260
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement BANK CHARGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	97.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 57.80 Transaction ID : SB17.I1261
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 19.95 Transaction ID : SB17.I1262
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 57.80 Transaction ID : SB17.I1263
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	135.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 5.69
City LITTLE ROCK	State AR Zip Code 72201	
Purpose of Disbursement BANK CHARGES	Category/Type	Transaction ID : SB17.I1297
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE OORBEEK GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement CONSULTING - FUNDRAISING	Category/Type	Transaction ID : SB17.I1241
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE OORBEEK GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement CONSULTING - FUNDRAISING	Category/Type	Transaction ID : SB17.I1243
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5005.69
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. THE OORBEEK GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 883.30
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement REIMBURSEMENT - FOOD FOR FUNDRAISING EVENTS		Candidate Name	Transaction ID : SB17.I1244
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	
State:	District:		

Full Name (Last, First, Middle Initial) B. THE OORBEEK GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 1784.27
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement REIMBURSEMENT - FOOD FOR FUNDRAISING EVENTS		Candidate Name	Transaction ID : SB17.I1245
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	
State:	District:		

Full Name (Last, First, Middle Initial) C. THE OORBEEK GROUP			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONSULTING - FUNDRAISING		Candidate Name	Transaction ID : SB17.I1292
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	5167.57
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. THOMAS & THOMAS, LLP		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 201 E. MARKHAM STREET, SUITE 500		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.I1294
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement ACCOUNTING & COMPLIANCE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DT		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 228 WASHINGTON ST., STE 115		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.3658
City ALEXANDRIA State VA Zip Code 22314-5408	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4650.00
TOTAL This Period (last page this line number only).....	34137.42

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 113	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. TERRY FLEMING		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2015
Mailing Address 16101 LA GRANDE DRIVE		Amount of Each Disbursement this Period 350.00
City LITTLE ROCK	State AR Zip Code 72223	
Purpose of Disbursement REFUND OF EXCESS CONTRIBUTION ON 06/05/2015		Transaction ID : SB20A.I1302
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	350.00