

# 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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

AR

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 11 / 04 / 2014 in the State of AR

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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

10 / 23 / 2014

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

Office Use Only									
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**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))....	85375.63	1932316.52
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	85375.63	1930016.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	494009.22	1885147.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	46750.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	494009.22	1838397.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	97869.96	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49595.63	1521056.85
(ii) Unitemized.....	4780.00	60509.67
(iii) TOTAL of contributions from individuals ▶	54375.63	1581566.52
(b) Political Party Committees.....	0.00	8800.00
(c) Other Political Committees (such as PACs).....	31000.00	341950.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	85375.63	1932316.52
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	6250.62
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	46750.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	85375.63	1985317.14

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	494009.22	1885147.18
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 .....	0.00	300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2300.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	494009.22	1887447.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	506503.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	85375.63
25. SUBTOTAL (add Line 23 and Line 24).....	591879.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	494009.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	97869.96

**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 43
	<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. JOHNNY W. ALLISON**

Mailing Address P.O. BOX 1089

City State Zip Code  
CONWAY AR 72033-1089

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

Name of Employer Occupation  
CAPITAL BUYERS, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2806**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GILBERT BAKER**

Mailing Address 17 COOPER LANE

City State Zip Code  
CONWAY AR 72034-7935

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

Name of Employer Occupation  
UNIVERSITY OF CENTRAL ARKANSAS PROFESSOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2796**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL BOECKMAN**

Mailing Address 2911 TURTLE CREEK BOULEVARD  
SUITE 1240

City State Zip Code  
DALLAS TX 75219-6277

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

Name of Employer Occupation  
TURTLE CREEK HOLDINGS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2741**

Amount of Each Receipt this Period  
250.00  
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 6 OF 43
	<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. BECKY S. BRODERSEN**

Mailing Address 3831 TURTLE CREEK BOULEVARD  
#17F

City State Zip Code  
DALLAS TX 75219-4454

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

Name of Employer Occupation  
TOUCH MINISTRIES WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2760**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. J.V. BROTHERTON**

Mailing Address P.O. BOX 1347

City State Zip Code  
MENA AR 71953-1347

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

Name of Employer Occupation  
BRODIX, INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2759**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PAULA BROTHERTON**

Mailing Address P.O. BOX 1347

City State Zip Code  
MENA AR 71953-1347

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

Name of Employer Occupation  
BRODIX, INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2758**

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 7 OF 43
	<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) <b>MR. EARL H. CLEMMONS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2014
Mailing Address 111 CENTER STREET		<b>Transaction ID : SA11.2794</b>
City LITTLE ROCK	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer STEPHENS, INC.	Occupation MANAGING DIRECTOR	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>MR. GEORGE E. COVINGTON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 1053 FRONT STREET		<b>Transaction ID : SA11.2962</b>
City CONWAY	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer COVINGTON COMPANIES	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>MR. STEVE DAUGHTERY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2014
Mailing Address 7691 NORTH SHORE PLACE		<b>Transaction ID : SA11.2793</b>
City NORTH LITTLE ROCK	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AMERICAN IMAGING	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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 8 OF 43
	<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)  
**MS. PAT DAVIS DODSON**

Mailing Address **10 LONGFELLOW LANE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11.2914**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. DUNCAN**

Mailing Address **P.O. BOX 331**

City **INEZ** State **KY** Zip Code **41224-0331**

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

Name of Employer **INEZ DEPOSIT BANK** Occupation **BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.2802**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALBERT ELLIOTT**

Mailing Address **3209 DUNCAN ROAD**

City **BENTON** State **AR** Zip Code **72019-1821**

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

Name of Employer **ELLIOTT ELECTRIC, INC.** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.2837**

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 9 OF 43
	<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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2787**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES A. GANUS**

Mailing Address 9 SILVER OAK DRIVE

City SEARCY State AR Zip Code 72143-4584

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2867**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ADAM HART**

Mailing Address 20 SOUTHWIND DRIVE

City SEARCY State AR Zip Code 72143-8523

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

Name of Employer HART CONSTRUCTION, L.L.C. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2824**

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 10 OF 43
	<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) <b>MR. DAVID A. HARTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 3345 BEE CAVE ROAD SUITE 203		<b>Transaction ID : SA11.2971</b>	
City AUSTIN State TX Zip Code 78746-6692	Amount of Each Receipt this Period 1000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation HARTMAN AND ASSOCIATES CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>MR. DOUGLAS HARTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 3345 BEE CAVE ROAD SUITE 203		<b>Transaction ID : SA11.2972</b>	
City AUSTIN State TX Zip Code 78746-6692	Amount of Each Receipt this Period 1000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation HARTMAN AND ASSOCIATES PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>MR. HARRY HASTINGS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 33 SHERRILL ROAD		<b>Transaction ID : SA11.2810</b>	
City LITTLE ROCK State AR Zip Code 72202-1516	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation RETIRED RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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 11 OF 43
	<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 E. HATHAWAY JR.**

Mailing Address 1821 CANAL POINTE

City State Zip Code  
LITTLE ROCK AR 72202-1414

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

Name of Employer Occupation  
COLDWELL BANKER COMMERCIAL/HATHAW COMMERCIAL REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2782**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVE A. HENSON**

Mailing Address 2204 EAST LEE AVENUE

City State Zip Code  
SHERWOOD AR 72120-4031

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

Name of Employer Occupation  
DELTA AIR LINES, INC. PILOT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2863**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MARTHA HILL**

Mailing Address 7 CANTRELL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-2005

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

Name of Employer Occupation  
MITCHELL WILLIAMS LAW FIRM ATTORNEY AT LAW

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2503.41

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11.2907**

Amount of Each Receipt this Period  
1951.60  
CONTRIBUTION

IN-KIND POSTAGE

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

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

2501.60

**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 12 OF 43
	<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) <b>MR. WILLIAM HILL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 46 ALSACE COURT		<b>Transaction ID : SA11.2757</b>
City LITTLE ROCK	State Zip Code AR 72223-9532	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FOUNDATION RESOURCE MANAGEMENT	Occupation PORTFOLIO MANAGER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MS. BARBARA ROGERS HOOVER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 5 EDGEHILL ROAD		<b>Transaction ID : SA11.2895</b>
City LITTLE ROCK	State Zip Code AR 72207-5443	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>REP. DOUGLAS HOUSE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 8923 BRIDGE CREEK ROAD		<b>Transaction ID : SA11.2781</b>
City NORTH LITTLE ROCK	State Zip Code AR 72120-9469	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer HILGER FARMS, INC.	Occupation FARMER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> 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 13 OF 43
	<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. JIM B. HOUSE**

Mailing Address 910 FAIRWAY DRIVE

City SEARCY	State AR	Zip Code 72143-4582
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2799**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SUE HOUSE**

Mailing Address 910 FAIRWAY DRIVE

City SEARCY	State AR	Zip Code 72143-4582
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2866**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ADAM A. JOHNSON**

Mailing Address 3446 BINKLEY AVENUE

City DALLAS	State TX	Zip Code 75205-2230
----------------	-------------	------------------------

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

Name of Employer COMPASS PROFESSIONAL HEALTH SERVIC	Occupation CHIEF OPERATING OFFICER
--	---------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2822**

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 14 OF 43
	<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)  
**MRS. JANET JONES**

Mailing Address 5406 EDGEWOOD ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5310

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

Name of Employer Occupation  
JANET JONES REAL ESTATE OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2748**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY R. JUNGMAN**

Mailing Address 7869 CARUTH COURT

City State Zip Code  
DALLAS TX 75225-8133

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2789**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET DAVIS LAUDERBACK**

Mailing Address 1307 ELTON LANE

City State Zip Code  
AUSTIN TX 78703-3215

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

Name of Employer Occupation  
THE LAUDERBACK GROUP BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11.2951**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1600.00

**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 15 OF 43
	<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. SUE L. MACLAY**

Mailing Address 4401 HIGHLAND DRIVE

City State Zip Code  
DALLAS TX 75205-3817

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2742**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARSHA MARTIN**

Mailing Address 1 TAM O SHANTER COURT

City State Zip Code  
LITTLE ROCK AR 72212-3307

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

Name of Employer Occupation  
ONYX BRANDS PRESIDENT AND C.E.O.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2858**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN P. MCBROOM**

Mailing Address 201 JACKSON PLACE

City State Zip Code  
CORPUS CHRISTI TX 78411-1215

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

Name of Employer Occupation  
SAN ISIDRO OIL AND GAS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2874**

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 43
	<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 MEADEN**

Mailing Address P.O. BOX 91303

City State Zip Code  
SAN ANTONIO TX 78209-9099

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

Name of Employer Occupation  
REATA REAL ESTATE PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2749**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. MOSBACHER JR.**

Mailing Address 712 MAIN STREET  
SUITE 2200

City State Zip Code  
HOUSTON TX 77002-3206

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

Name of Employer Occupation  
MOSBACHER ENERGY CO. BUSINESSMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2740**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. JIM MULLER**

Mailing Address 5403 SHERWOOD ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5333

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2823**

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: PAGE 17 OF 43  
(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. CHARLES NABHOLZ**  
 Mailing Address 4630 SAWGRASS COVE  
 City State Zip Code  
 CONWAY AR 72034-5006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE NABHOLZ GROUP, INC. CHAIRMAN EMERITUS  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 950.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11.2800**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN NABHOLZ**  
 Mailing Address 2337 MARTHA DRIVE  
 City State Zip Code  
 CONWAY AR 72032-8548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NABOHOLZ CONSTRUCTION INFORMATION TECHNOLOGY  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 869.03

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11.2813**  
 Amount of Each Receipt this Period  
 869.03  
 CONTRIBUTION  
 IN KIND - FUNDRAISER -FOOD, BEVERAGES, AND MUSIC

**C.** Full Name (Last, First, Middle Initial)  
**MR. A. WYCKLIFF NISBET JR.**  
 Mailing Address 19 EDGEHILL ROAD  
 City State Zip Code  
 LITTLE ROCK AR 72207-5461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FRIDAY, ELDRIDGE, AND CLARK ATTORNEY AT LAW  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11.2849**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

1419.03

**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 43
	<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. JOHN PACE**

Mailing Address 591 PENINSULA DRIVE

City State Zip Code  
HOT SPRINGS AR 71901-8705

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2756**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. JAMES J. PAPPAS**

Mailing Address 28 SCENIC POINT

City State Zip Code  
LITTLE ROCK AR 72207-1924

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2812**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BILL PATTON**

Mailing Address 5 RIDGEVIEW COURT

City State Zip Code  
SEARCY AR 72143-9557

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

Name of Employer Occupation  
THE BANK OF AUGUSTA PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2809**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

2800.00

**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 19 OF 43
	<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. CHERYL PAYNE-NECUDA**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2820**

Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COLONEL WILLIAM PHILIPS III**

Mailing Address 103 TANGLEWOOD CIRCLE

City State Zip Code  
FAIRFIELD BAY AR 72088-4501

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1075.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11.2743**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY PICKERING**

Mailing Address 47 TALAIS DRIVE

City State Zip Code  
LITTLE ROCK AR 72223-9129

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

Name of Employer Occupation  
AT&T SERVICES ATTORNEY AT LAW

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2871**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

**375.00**

**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 43
	<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. JOEL PRITCHETT**

Mailing Address **918 SKYLINE DRIVE**

City **SEARCY** State **AR** Zip Code **72143-6510**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.2811**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ANNA RIGGS**

Mailing Address **26001 GINGER HILL CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-9469**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 02 / 2014**

**Transaction ID : SA11.2763**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. PORTER R. RODGERS JR.**

Mailing Address **P.O. BOX 1199**

City **SEARCY** State **AR** Zip Code **72145-1199**

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

Name of Employer **SELF EMPLOYED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.2785**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1700.00**

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

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

FOR LINE NUMBER: PAGE 21 OF 43  
(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. DUDLEY SHOLLMIER SR.**  
 Mailing Address **29 EDGEHILL ROAD**  
 City State Zip Code  
**LITTLE ROCK AR 72207-5461**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**STERNE AGEE AND LEACH INVESTMENT ADVISOR**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 09 2014**  
**Transaction ID : SA11.2786**  
 Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**MR. RANDALL C. SIMS**  
 Mailing Address **730 HUNTINGTON**  
 City State Zip Code  
**CONWAY AR 72034-8530**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**CENTENNIAL BANK BANKER**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 09 2014**  
**Transaction ID : SA11.2792**  
 Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**DR. STEPHEN SORSBY**  
 Mailing Address **14383 NORMAN DAVIS DRIVE**  
 City State Zip Code  
**ALEXANDER AR 72002-9040**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**QUAL CHOICE V.P.M.A.**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 09 2014**  
**Transaction ID : SA11.2878**  
 Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

**1100.00**

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

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

FOR LINE NUMBER: PAGE 22 OF 43  
(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)  
**DR. DAVID STAGGS**

Mailing Address 412 HONEY HILL ROAD

City State Zip Code  
SEARCY AR 72143-9383

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

Name of Employer Occupation  
WHITE MEDICAL CENTER PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2795**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA STEEN**

Mailing Address 3 OAKLAWN DRIVE

City State Zip Code  
HOUSTON TX 77024-5210

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

Name of Employer Occupation  
SCHLUMBERGER, LTD. HUMAN RESOURCES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11.2753**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES SWENSON**

Mailing Address 24 BELLEGARDE DRIVE

City State Zip Code  
LITTLE ROCK AR 72223-9185

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2825**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**3100.00**

**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 23 OF 43
	<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. BRUCE A. THALHEIMER JR.**

Mailing Address **73 ROBINWOOD DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72227-2223**

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

Name of Employer **CHAINWHEEL, INC.** Occupation **TREASURER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 02 / 2014**

**Transaction ID : SA11.2761**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. LORI TSUI**

Mailing Address **591 PENINSULA DRIVE**

City **HOT SPRINGS** State **AR** Zip Code **71901-8705**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 02 / 2014**

**Transaction ID : SA11.2755**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LAURA A. TUCKER**

Mailing Address **3831 TURTLE CREEK BOULEVARD  
UNIT 14A**

City **DALLAS** State **TX** Zip Code **75219-4414**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.2848**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**4600.00**

**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 24 OF 43
	<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)  
**MRS. ANNETTE K. VAUGHN**

Mailing Address 5325 WANETA DRIVE

City State Zip Code  
DALLAS TX 75209-5611

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11.2897**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENT VESTAL**

Mailing Address 46 CHENAL CIRCLE

City State Zip Code  
LITTLE ROCK AR 72223-9566

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY AT LAW

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11.2947**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ANNE W. VETTER**

Mailing Address 3705 CHERRY LANE

City State Zip Code  
AUSTIN TX 78703-2001

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2847**

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 25 OF 43
	<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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11.2900**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MORRIS CHRISTOPHER WILLIAMS**

Mailing Address 4517 BEVERLY DRIVE

City State Zip Code  
DALLAS TX 75205-3003

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

Name of Employer Occupation  
R.T.W. FINANCIAL ADVISORS INVESTMENT ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2790**

Amount of Each Receipt this Period  
1600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY S. WILLIAMS**

Mailing Address 4517 BEVERLY DRIVE

City State Zip Code  
DALLAS TX 75205-3003

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2791**

Amount of Each Receipt this Period  
1600.00  
CONTRIBUTION

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

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

4200.00

**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 43
	<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. JIM WOOTEN**

Mailing Address **P.O. BOX 280**

City **BEEBE** State **AR** Zip Code **72012-0280**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.2948**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAJOR DENNIS YECKE U.S.M.C.**

Mailing Address **139 BELLE MEADE DRIVE**

City **SEARCY** State **AR** Zip Code **72143-7037**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.2865**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**J.S.I. PARTNERS, LTD.**

Mailing Address **3265 CHRYSLER COVE**

City **CONWAY** State **AR** Zip Code **72034-7289**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.2851**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

SEE ATTRIBUTION BELOW

**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 27 OF 43
	<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. GRAY STANDRIDGE**

Mailing Address 111 CENTER STREET

City State Zip Code  
LITTLE ROCK AR 72201-4402

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

Name of Employer Occupation  
STEPHENS INC. EQUITY TRADER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2980**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEFF STANDRIDGE**

Mailing Address 3265 CHRYSLER COVE

City State Zip Code  
CONWAY AR 72034-7289

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

Name of Employer Occupation  
ACXIOM CORPORATION VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2979**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**R-G JOINT VENTURE, L.L.C.**

Mailing Address 1215 REBSAMEN PARK ROAD

City State Zip Code  
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.2750**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

500.00

**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 43  
(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. GORDON GONDEK**

Mailing Address 1215 REBSAMEN PARK ROAD  
City State Zip Code  
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation  
R-G JOINT VENTURE, L.L.C. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**642.50**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 02 2014

Transaction ID : SA11.2978

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**[MEMO ITEM]**  
PARTNER ATTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**MR. ALLAN ROBERTS**

Mailing Address 1215 REBSAMEN PARK ROAD  
City State Zip Code  
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation  
R-G JOINT VENTURE, L.L.C. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**857.50**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 02 2014

Transaction ID : SA11.2977

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**[MEMO ITEM]**  
PARTNER ATTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**SOUTHERN REGIONAL ANESTHESIOLOGY CONSULTANTS, P.L.L.C.**

Mailing Address 500 SOUTH UNIVERSITY AVENUE  
SUITE 505  
City State Zip Code  
LITTLE ROCK AR 72205-5307

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 14 2014

Transaction ID : SA11.2955

Amount of Each Receipt this Period  
**2000.00**  
CONTRIBUTION

SEE ATTRIBUTION BELOW

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

**2000.00**

**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 29 OF 43
	<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. JILL FLAXMAN**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **181.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3076**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**DR. GARY FRANKOWSKI**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **181.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3077**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**DR. TREY GROCE**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **181.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3078**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

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

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

**0.00**

**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 30 OF 43
	<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. JOEY ODUM**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **181.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3079**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**DR. RICK PERKINS**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **181.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3080**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**DR. JAQUELINE POLEET**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **181.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3081**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

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

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

**0.00**

**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 43
	<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. 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2431.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3082**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**DR. JUAN CARLOS ROMAN**

Mailing Address **58 HALLEN COURT**

City **LITTLE ROCK** State **AR** Zip Code **72223-5092**

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

Name of Employer **SELF EMPLOYED** Occupation **SOUTHERN REGIONAL ANESTHESIOLOGY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **681.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3083**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**DR. KIM SHAFFER**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **181.82**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.3084**

Amount of Each Receipt this Period  
**181.82**

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

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

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

**0.00**

**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 43
	<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. BRENT WALKER**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**181.81**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2014

**Transaction ID : SA11.3085**

Amount of Each Receipt this Period  

181.81
--------

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**DR. DARIN WEWERS**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**181.81**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2014

**Transaction ID : SA11.3086**

Amount of Each Receipt this Period  

181.81
--------

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**THE NATURAL, L.L.C.**

Mailing Address **835 CENTRAL AVENUE  
SUITE 402JU**

City **HOT SPRINGS** State **AR** Zip Code **71901-5318**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2014

**Transaction ID : SA11.2968**

Amount of Each Receipt this Period  

2600.00
---------

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

2600.00



**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 33 OF 43
	<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. CATHY ALLEN**

Mailing Address 3820 FOXCROFT ROAD

City State Zip Code  
LITTLE ROCK AR 72227-2325

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11.3088**

Amount of Each Receipt this Period  
1300.00

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN E. ALLEN**

Mailing Address 3820 FOXCROFT ROAD

City State Zip Code  
LITTLE ROCK AR 72227-2325

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

Name of Employer Occupation  
J. E. ALLEN CO. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11.3087**

Amount of Each Receipt this Period  
1300.00

CONTRIBUTION

**[MEMO ITEM]  
PARTNER ATTRIBUTION**

**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).....

0.00

49595.63

**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 43
	<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. AMERICAN BANKERS ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)  
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, N.W.  
SUITE 600

City WASHINGTON State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11.2911**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. ARKANSAS MEDICAL SOCIETY PAC**

Full Name (Last, First, Middle Initial)  
ARKANSAS MEDICAL SOCIETY PAC

Mailing Address P.O. BOX 55088

City LITTLE ROCK State AR Zip Code 72215-5088

FEC ID number of contributing federal political committee. **C** C00002907

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.2976**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC**

Full Name (Last, First, Middle Initial)  
CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC

Mailing Address 12176 CHANCERY STATION CIRCLE

City RESTON State VA Zip Code 20190-5803

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11.2909**

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 35 OF 43
	<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)  
**HUCK PAC**

Mailing Address **P.O. BOX 2008**

City **LITTLE ROCK** State **AR** Zip Code **72203-2008**

FEC ID number of contributing federal political committee. **C C00448373**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11.2934**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KOCH PAC**

Mailing Address **600 14TH STREET, N.W.  
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20005-2099**

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.2970**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MORE CONSERVATIVES PAC**

Mailing Address **228 SOUTH WASHINGTON STREET  
SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00540187**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.2940**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

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: (check only one)	PAGE 36 OF 43
	<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)  
**NATIONAL ASSOCIATION OF HOME BUILDERS PAC**

Mailing Address 1201 15TH STREET, N.W.

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2870**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTOR PAC**

Mailing Address 1325 G STREET, N.W.  
SUITE 1000

City WASHINGTON State DC Zip Code 20005-3134

FEC ID number of contributing federal political committee. **C** C00109306

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.2873**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL CATTLEMEN'S BEEF ASSOCIATION PAC**

Mailing Address 1301 PENNSYLVANIA AVENUE, N.W.  
SUITE 300

City WASHINGTON State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11.2959**

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 37 OF 43  
(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)  
**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11.2954**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SOUTHWESTERN ENERGY COMPANY PAC**

Mailing Address P.O. BOX 789

City CONWAY State AR Zip Code 72033-0789

FEC ID number of contributing federal political committee. **C C00190652**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.2821**

Amount of Each Receipt this Period  
3000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM PAC**

Mailing Address P.O. BOX 65314

City WASHINGTON State DC Zip Code 20035-5314

FEC ID number of contributing federal political committee. **C C00328468**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11.2960**

Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION

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

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

10500.00

31000.00

**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 38 OF 43		
	<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) <b>A. MARY ASHLEIGH BIERBAUM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 2010 REBSAMEN PARK ROAD #110		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.I1038</b>
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ISAAC FOLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1401 SCOTT STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.I1039</b>
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ISAAC FOLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1401 SCOTT STREET		Amount of Each Disbursement this Period 201.89 <b>Transaction ID : SB17.I896</b>
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement REIMBURSEMENT - TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2701.89
<b>TOTAL</b> 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 39 OF 43	
	<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) <b>A. MRS. MARTHA HILL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>7 CANTRELL ROAD</b>		Amount of Each Disbursement this Period <b>1951.60</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72207-2005</b>	Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>	<b>Transaction ID : SB17.2907</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>IN-KIND POSTAGE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CATHERINE L LANIER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>3901 FOXCROFT ROAD</b>		Amount of Each Disbursement this Period <b>1750.00</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72227</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I1040</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN NABHOLZ</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2014</b>
Mailing Address <b>2337 MARTHA DRIVE</b>		Amount of Each Disbursement this Period <b>869.03</b>
City <b>CONWAY</b>	State <b>AR</b>	
Zip Code <b>72032-8548</b>	Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>	<b>Transaction ID : SB17.2813</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>IN KIND - FUNDRAISER -FOOD, BEVERAGES, AND MUSIC</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4570.63</b>
<b>TOTAL</b> 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 40 OF 43			
	<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) <b>A. JACK E SISSON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>49 HICKORY HILLS DRIVE</b>		Amount of Each Disbursement this Period <b>3750.00</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72217</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I1041</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. IMPACT MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>124 WEST CAPITOL AVENUE SUITE 1886</b>		Amount of Each Disbursement this Period <b>6000.00</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72201</b>	Purpose of Disbursement <b>CONSULTING - RESEARCH</b>	<b>Transaction ID : SB17.I1054</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>911 PANORAMA TRAIL SOUTH</b>		Amount of Each Disbursement this Period <b>662.02</b>
City <b>ROCHESTER</b>	State <b>NY</b>	
Zip Code <b>14625</b>	Purpose of Disbursement <b>PAYROLL TAXES</b>	<b>Transaction ID : SB17.I1042</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10412.02</b>
<b>TOTAL</b> 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 41 OF 43	
	<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**

<b>A. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b> Full Name (Last, First, Middle Initial) Mailing Address 911 PANORAMA TRAIL SOUTH City ROCHESTER State NY Zip Code 14625 Purpose of Disbursement PAYROLL SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014 Amount of Each Disbursement this Period 76.00 Transaction ID : SB17.I1043
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<b>B. RAISE THE MONEY, INC.</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 26466 City LITTLE ROCK State AR Zip Code 72221 Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014 Amount of Each Disbursement this Period 65.75 Transaction ID : SB17.I1044
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<b>C. SECURITY BANKCARD</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 22116 City TULSA State OK Zip Code 74121 Purpose of Disbursement CREDIT CARD PAYMENT-SEE MEMO ITEMS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 Amount of Each Disbursement this Period 1.33 Transaction ID : SB17.I985 CREDIT CARD PAYMENT - SEE MEMO ITEMS
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<b>SUBTOTAL</b> of Disbursements This Page (optional).....	143.08
<b>TOTAL</b> 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 42 OF 43	
	<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) <b>A. SECURITY BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 43.60
City TULSA State OK Zip Code 74121	Purpose of Disbursement CREDIT CARD FEE	
Candidate Name	Category/Type	Transaction ID : SB17.I987
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] CREDIT CARD FEE

Full Name (Last, First, Middle Initial) <b>B. SECURITY BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 43.60
City TULSA State OK Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	
Candidate Name	Category/Type	Transaction ID : SB17.I988
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		CREDIT CARD PAYMENT - SEE MEMO ITEMS

Full Name (Last, First, Middle Initial) <b>C. COBBLESTONE AND VINE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 2314 CANTRELL ROAD		Amount of Each Disbursement this Period 43.60
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement FUNDRAISING SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1037
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 10/15/14

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.60
<b>TOTAL</b> 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 43 OF 43			
	<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) <b>A. THE WICKERS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 240187.00
City SAN FRANCISCO State CA Zip Code 94109	Category/Type	
Purpose of Disbursement MEDIA BUY, MEDIA PRODUCTION, REIMBURSEMENT -TRAVEL, SURVEY		Transaction ID : SB17.I1036
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE WICKERS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 235000.00
City SAN FRANCISCO State CA Zip Code 94109	Category/Type	
Purpose of Disbursement MEDIA BUY - TELEVISION		Transaction ID : SB17.I894
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE WICKERS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 951.00
City SAN FRANCISCO State CA Zip Code 94109	Category/Type	
Purpose of Disbursement CONSULTING - STRATEGY		Transaction ID : SB17.I897
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	476138.00
<b>TOTAL</b> This Period (last page this line number only).....	494009.22