

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

French Hill for Arkansas

ADDRESS (number and street) PO Box 7841

(Check if address is changed)

Little Rock AR 72217
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) electfrench@gmail.com

Optional Second E-Mail Address
cturner@thomasthomasllp.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.electfrench.com

2. DATE 08 / 14 / 2014

3. FEC IDENTIFICATION NUMBER C C00551275

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cale Turner

Signature of Treasurer Cale Turner [Electronically Filed] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate James French Hill

Candidate Party Affiliation REP Office Sought: House Senate President State AR District 02

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

French Hill for Arkansas

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

YOUNG GUNS DAY III 2014

Mailing Address

228 S. WASHINGTON STREET

SUITE 115

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Cale Turner

Mailing Address 201 East Markham

Suite 500

Little Rock

AR

72201

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 501 - 210 - 7340

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Cale Turner

Mailing Address 201 East Markham

Suite 500

Little Rock

AR

72201

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 501 - 210 - 7340

Full Name of Designated Agent

[Empty form field]

Mailing Address

[Empty form field]

[Empty form field]

[Empty form field]

CITY

STATE

ZIP CODE

Title or Position

[Empty form field]

Telephone number

[Empty form field]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

[Empty form field]

Mailing Address

1909 K Street, NW

[Empty form field]

Washington DC 20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Delta Trust & Bank

[Empty form field]

Mailing Address

11700 Cantrell Road

[Empty form field]

Little Rock AR 72223

CITY

STATE

ZIP CODE