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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

NAME OF COMMITTEE IN FULL French Hill for Arkansas]	
ADDRESS (number and street) PO Box 7841			1	
OUTV OTATE AND THE CORE				
CITY, STATE, and ZIP CODE Little Rock	AR 7221	7		
2. NAME OF CANDIDATE 3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION	ON NUMBER
James French Hill	House AR 02		C00551275	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE I	NOTICE FILED ON	/	1
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
NATIONAL MULTIFAMILY HOUSING COUNCIL PAC				
1850 M STREET, N.W.			10/24/2014	2500.00
SUITE 540	Transaction ID : TX3140			
WASHINGTON DC 20036-5816	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
INTERNATIONAL COUNCIL OF SHOPPING CENTERS,			day, year)	
INC. PAC 555 12TH STREET, N.W.			10/24/2014	3000.00
SUITE 660	Transaction ID : TX3143			
	Occupation		_	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
DR. RONALD HARDIN	ARKANSAS DIGESTIVE DISEASE CLINIC			2000.00
13 VALLEY CLUB CIRCLE			10/24/2014	2000.00
	Transaction ID : TX	3147		
LITTLE ROCK AR 72212-3436	Occupation PHYSICIAN			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
			day, year)	
	Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation		Date (month,	Amount
			day, year)	
			_	
SIGNATURE (optional)		DATE	For further	information contact:
Cale Turner	[Electronically Filed]	10/25/2014	Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	
			1	



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