

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.

1. NAME OF COMMITTEE IN FULL French Hill for Arkansas			
ADDRESS (number and street) PO Box 7841			
CITY Little Rock		STATE AR	ZIP CODE 72217
2. NAME OF CANDIDATE Hill, James, French, ,		3. OFFICE SOUGHT (State and District) House AR 02	
4. FEC IDENTIFICATION NUMBER C00551275			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME RAZOR PAC		Name of Employer	
MAILING ADDRESS PO BOX 508		Transaction ID : TX8117	
CITY ROGERS	STATE AR	ZIP CODE 72757-0508	Occupation
B. FULL NAME WOMACK FOR CONGRESS COMMITTEE		Name of Employer	
MAILING ADDRESS P.O. BOX 508		Transaction ID : TX8118	
CITY ROGERS	STATE AR	ZIP CODE 72757-0508	Occupation
C. FULL NAME DELTA AIR LINES PAC		Name of Employer	
MAILING ADDRESS 1212 NEW YORK AVENUE NW SUITE 200		Transaction ID : TX8119	
CITY WASHINGTON	STATE DC	ZIP CODE 20005-6609	Occupation
D. FULL NAME STATE STREET BANK & TRUST CO. VOLUNTARY PAC		Name of Employer	
MAILING ADDRESS 562 BOSTON RD		Transaction ID : TX8124	
CITY BILLERICA	STATE MA	ZIP CODE 01821-3799	Occupation
E. FULL NAME CAMPBELL, CRAIG, D., MR.,		Name of Employer STEPHENS GROUP	
MAILING ADDRESS P.O. BOX 34367		Transaction ID : TX8120	
CITY LITTLE ROCK	STATE AR	ZIP CODE 72203-4367	Occupation VICE CHAIRMAN
SIGNATURE (optional) Turner, Cale, , ,		DATE 05/18/2018	
[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 03/2016)

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1. NAME OF COMMITTEE IN FULL French Hill for Arkansas		continuation page	
ADDRESS (number and street) PO Box 7841			
CITY, STATE, and ZIP CODE Little Rock AR 72217			
2. NAME OF CANDIDATE Hill, James, French, ,	3. OFFICE SOUGHT (State and District) House AR 02	4. FEC IDENTIFICATION NUMBER C00551275	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE CAMPBELL, CRAIG, D., MR., P.O. BOX 34367 LITTLE ROCK AR 72203-4367	Name of Employer STEPHENS GROUP Transaction ID : TX8121 Occupation VICE CHAIRMAN	Date (month, day, year) 05/16/2018	Amount 1200.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE GAMMILL, ROBERT, TED, MR., JR. 2107 NORTH PALM LITTLE ROCK AR 72207-2047	Name of Employer SELF-EMPLOYED Transaction ID : TX8116 Occupation BANK CONSULTANT	Date (month, day, year) 05/17/2018	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE LARRISON, HEATHER, , MS., P.O. BOX 3986 WASHINGTON DC 20027-0986	Name of Employer THE LARRISON GROUP Transaction ID : TX8128 Occupation PRESIDENT	Date (month, day, year) 05/16/2018	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE OSWALD, JOEL, , MR., 5212 POMMEROY DR FAIRFAX VA 22032-3919	Name of Employer WILLIAMS & JENSEN Transaction ID : TX8125 Occupation GOVERNMENT RELATIONS	Date (month, day, year) 05/16/2018	Amount 2700.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE STEPHENS, WITT, R., MR., JR. 9 SUNSET CIRCLE LITTLE ROCK AR 72207-1717	Name of Employer STEPHENS GROUP, LLC Transaction ID : TX8122 Occupation CHIEF EXECUTIVE OFFICER	Date (month, day, year) 05/16/2018	Amount 1200.00

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(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE STEPHENS, WITT, R., MR., JR. 9 SUNSET CIRCLE LITTLE ROCK AR 72207-1717	Name of Employer STEPHENS GROUP, LLC Transaction ID : TX8123 Occupation CHIEF EXECUTIVE OFFICER	Date (month, day, year) 05/16/2018	Amount 2700.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount