

# 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.

<b>1. NAME OF COMMITTEE IN FULL</b> French Hill for Arkansas			
ADDRESS (number and street) PO Box 7841			
CITY Little Rock		STATE AR	ZIP CODE 72217
<b>2. NAME OF CANDIDATE</b> Hill, James, French, ,		<b>3. OFFICE SOUGHT</b> (State and District) House AR 02	
<b>4. FEC IDENTIFICATION NUMBER</b> C00551275			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> ANTHONY, STEVEN, M., MR.,			
MAILING ADDRESS P.O. BOX 137		Name of Employer ANTHONY TIMBERLANDS, INC.	
CITY BEARDEN		STATE AR	ZIP CODE 71720-0137
		Occupation PRESIDENT	
		Transaction ID : TX14327	
		Date (month, day, year) 02/18/2020	Amount 2000.00
<b>B. FULL NAME</b> BOVA, STEVE, R., MR.,			
MAILING ADDRESS 10 RIVER GLEN CIRCLE		Name of Employer RETIRED	
CITY LITTLE ROCK		STATE AR	ZIP CODE 72202-1424
		Occupation RETIRED	
		Transaction ID : TX14300	
		Date (month, day, year) 02/17/2020	Amount 2800.00
<b>C. FULL NAME</b> BROWNE, CATHY, , MRS.,			
MAILING ADDRESS 3360 WILLOW BAR RD		Name of Employer HANK'S FINE FURNITURE	
CITY DEVALLS BLUFF		STATE AR	ZIP CODE 72041-9513
		Occupation MARKETING & WEB MANAGER	
		Transaction ID : TX14323	
		Date (month, day, year) 02/18/2020	Amount 2800.00
<b>D. FULL NAME</b> BROWNE, CATHY, , MRS.,			
MAILING ADDRESS 3360 WILLOW BAR RD		Name of Employer HANK'S FINE FURNITURE	
CITY DEVALLS BLUFF		STATE AR	ZIP CODE 72041-9513
		Occupation MARKETING & WEB MANAGER	
		Transaction ID : TX14324	
		Date (month, day, year) 02/18/2020	Amount 2800.00
<b>E. FULL NAME</b> CONE, DONNA, , MRS.,			
MAILING ADDRESS 5500 COUNTRY CLUB BOULEVARD		Name of Employer HOMEMAKER	
CITY LITTLE ROCK		STATE AR	ZIP CODE 72207-4517
		Occupation HOMEMAKER	
		Transaction ID : TX14310	
		Date (month, day, year) 02/18/2020	Amount 2800.00
<b>SIGNATURE (optional)</b> Turner, Cale, , ,		<b>DATE</b> 02/19/2020	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

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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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CITY, STATE, and ZIP CODE Little Rock AR 72217			
<b>2. NAME OF CANDIDATE</b> Hill, James, French, ,	<b>3. OFFICE SOUGHT</b> (State and District) House AR 02	<b>4. FEC IDENTIFICATION NUMBER</b> C00551275	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> DILLON, RAY, , MR.,  57 SOLOGNE CIRCLE  LITTLE ROCK AR 72223-8913	Name of Employer SELF-EMPLOYED  <b>Transaction ID : TX14320</b> Occupation CONSULTANT	Date (month, day, year)  02/18/2020	Amount  2000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> FELTON, DAN, H., MR., III  6 WEST CHESTNUT STREET  MARIANNA AR 72360-2258	Name of Employer SELF-EMPLOYED  <b>Transaction ID : TX14321</b> Occupation ATTORNEY	Date (month, day, year)  02/18/2020	Amount  2800.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> HARPOLE, EDWIN, , MR., JR.  129 NOYWANT DRIVE  LITTLE ROCK AR 72223-5078	Name of Employer SELF-EMPLOYED  <b>Transaction ID : TX14318</b> Occupation INVESTOR	Date (month, day, year)  02/18/2020	Amount  1250.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> HURST, MIMI, M., MRS.,  1921 NORTH SPRUCE  LITTLE ROCK AR 72207-4717	Name of Employer STEPHENS, INC.  <b>Transaction ID : TX14313</b> Occupation SENIOR VICE PRESIDENT	Date (month, day, year)  02/18/2020	Amount  1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> JARKOWSKI, HOPE, , MS.,  243 NORTH HIGHLAND STREET  ARLINGTON VA 22201-1250	Name of Employer DELTA STRATEGY GROUP  <b>Transaction ID : TX14309</b> Occupation PARTNER - GOVERNMENT AFFAIRS	Date (month, day, year)  02/18/2020	Amount  1000.00

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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> KANE, MAX, THOMAS, MR.,  1701 N. SPRUCE  LITTLE ROCK AR 72207-5459	Name of Employer STEPHENS INSURANCE, LLC  <b>Transaction ID : TX14319</b> Occupation INSURANCE CONSULTANT	Date (month, day, year)  02/18/2020	Amount  1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> KINNAMAN, LELLAND, A., MR.,  8 COUNTRY OAKS DR  LITTLE ROCK AR 72223-9500	Name of Employer RETIRED  <b>Transaction ID : TX14295</b> Occupation RETIRED	Date (month, day, year)  02/17/2020	Amount  2800.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> LANGFORD, TERRI, L, MRS.,  26 CHENAL CIRCLE  LITTLE ROCK AR 72223-9566	Name of Employer HOMEMAKER  <b>Transaction ID : TX14315</b> Occupation HOMEMAKER	Date (month, day, year)  02/18/2020	Amount  1000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> MAYHAN, LYNN, , MR.,  26 EDGEHILL RD  LITTLE ROCK AR 72207-5462	Name of Employer RETIRED  <b>Transaction ID : TX14312</b> Occupation RETIRED	Date (month, day, year)  02/18/2020	Amount  1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> MOORE, SHELBY, M., MR. ,  1 ALTA VISTA DR  BATESVILLE AR 72501-3702	Name of Employer SELF-EMPLOYED  <b>Transaction ID : TX14314</b> Occupation BUSINESS OWNER	Date (month, day, year)  02/18/2020	Amount  1000.00

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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> PACE, JOHN, , DR.,  591 PENINSULA DRIVE  HOT SPRINGS AR 71901-8705	Name of Employer SELF-EMPLOYED  <b>Transaction ID : TX14296</b> Occupation PHYSICIAN	Date (month, day, year)  02/17/2020	Amount  2800.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> PACE, JOHN, , DR.,  591 PENINSULA DRIVE  HOT SPRINGS AR 71901-8705	Name of Employer SELF-EMPLOYED  <b>Transaction ID : TX14297</b> Occupation PHYSICIAN	Date (month, day, year)  02/17/2020	Amount  2800.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> WELLS, TROY, , MR.,  328 NORTH RIDGE ROAD  LITTLE ROCK AR 72207-2522	Name of Employer BAPTIST HEALTH  <b>Transaction ID : TX14311</b> Occupation HEALTHCARE EXECUTIVE	Date (month, day, year)  02/18/2020	Amount  1000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> WILLIAMS, LACY, H., DR.,  NP63 LAKE CHEROKEE  LONGVIEW TX 75603-9701	Name of Employer RETIRED  <b>Transaction ID : TX14316</b> Occupation RETIRED	Date (month, day, year)  02/18/2020	Amount  1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> WOOTEN, JAMES, E., MR.,  PO BOX 280  BEEBE AR 72012-0280	Name of Employer STATE OF ARKANSAS  <b>Transaction ID : TX14298</b> Occupation STATE REPRESENTATIVE	Date (month, day, year)  02/17/2020	Amount  1800.00

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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> WOOTEN, JAMES, E., MR.,  PO BOX 280  BEEBE AR 72012-0280	Name of Employer STATE OF ARKANSAS  <b>Transaction ID : TX14299</b> Occupation STATE REPRESENTATIVE	Date (month, day, year)  02/17/2020	Amount  1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount