

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Team Hill

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2023"/> | | <input type="text" value="4203.05"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="4203.05"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="34600.00"/> | <input type="text" value="34600.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="38803.05"/> | <input type="text" value="38803.05"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="1194.00"/> | <input type="text" value="1194.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="37609.05"/> | <input type="text" value="37609.05"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

Team Hill

Report Covering the Period: From: 01 / 01 / 2023 To: 03 / 31 / 2023

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 31600.00 | 31600.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 31600.00 | 31600.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 3000.00 | 3000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 34600.00 | 34600.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 34600.00 | 34600.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 34600.00 | 34600.00 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1194.00 | 1194.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1194.00 | 1194.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 1194.00 | 1194.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1194.00 | 1194.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 34600.00 | 34600.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 34600.00 | 34600.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1194.00 | 1194.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1194.00 | 1194.00 |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 10 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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)
Team Hill

A. DWYER, JOHN, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 ATLANTIC ST.
 City MELBOURNE BEACH State FL Zip Code 32951-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITAL FUNDING GROUP INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2023
Transaction ID : SA11A.37773
 Amount of Each Receipt this Period
 12500.00
 Memo Item
 CONTRIBUTION

B. DWYER, NANCY, E., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 ATLANTIC ST.
 City MELBOURNE BEACH State FL Zip Code 32951-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2023
Transaction ID : SA11A.37774
 Amount of Each Receipt this Period
 12500.00
 Memo Item
 CONTRIBUTION

C. HOHLT, DEBORAH, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7901 KENT RD
 City FORT HUNT State VA Zip Code 22308-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 9500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2023
Transaction ID : SA11A.37445
 Amount of Each Receipt this Period
 6600.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 31600.00 |
| TOTAL This Period (last page this line number only)..... | 31600.00 |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 10 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Team Hill

A. ASURION LLC POLITICAL ACTION COMMITTEE (ASURION PAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 648 GRASSMERE PARK, SUITE 300
 City NASHVILLE State TN Zip Code 37211-3667
 FEC ID number of contributing federal political committee. **C** C00450916
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2023
Transaction ID : SA11C.37427
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

B. INVESTMENT ADVISER ASSOCIATION PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 17TH ST NW SUITE 725
 City WASHINGTON State DC Zip Code 20036-5514
 FEC ID number of contributing federal political committee. **C** C00440826
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2023
Transaction ID : SA11C.37470
 Amount of Each Receipt this Period
 2000.00
 Memo Item
CONTRIBUTION

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | 3000.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Team Hill

Full Name (Last, First, Middle Initial)
A. CAMPAIGN MAIL & DATA, INC. DBA CMDI

Date of Disbursement: MM / DD / YYYY
01 / 17 / 2023

Mailing Address: 1593 SPRING HILL ROAD, SUITE 400

City: TYSONS CORNER, State: VA, Zip Code: 22182

Purpose of Disbursement: JFC SOFTWARE

Candidate Name: []

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: [] District: []

FEC Identification Number: **C**

Transaction ID: **SB21B.I2103'**

Amount of Each Disbursement this Period: 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CAMPAIGN MAIL & DATA, INC. DBA CMDI

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2023

Mailing Address: 1593 SPRING HILL ROAD, SUITE 400

City: TYSONS CORNER, State: VA, Zip Code: 22182

Purpose of Disbursement: JFC SOFTWARE

Candidate Name: []

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: [] District: []

FEC Identification Number: **C**

Transaction ID: **SB21B.I21081**

Amount of Each Disbursement this Period: 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. CAMPAIGN MAIL & DATA, INC. DBA CMDI

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2023

Mailing Address: 1593 SPRING HILL ROAD, SUITE 400

City: TYSONS CORNER, State: VA, Zip Code: 22182

Purpose of Disbursement: JFC SOFTWARE

Candidate Name: []

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: [] District: []

FEC Identification Number: **C**

Transaction ID: **SB21B.I2115**

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Team Hill

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. PROFESSIONAL DATA SERVICES, INC | | Date of Disbursement MM / DD / YYYY 03 / 26 / 2023 |
| Mailing Address 824 SOUTH MILLEDGE AVENUE STE 101 | | FEC Identification Number C [] Transaction ID : SB21B.I2115! Amount of Each Disbursement this Period 378.00 |
| City ATHENS | State GA | Zip Code 30605 |
| Purpose of Disbursement JFC COMPLIANCE CONSULTING | | Category/ Type [] |
| Candidate Name | | |
| 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. SIMMONS BANK | | Date of Disbursement MM / DD / YYYY 01 / 05 / 2023 |
| Mailing Address 501 MAIN STREET | | FEC Identification Number C [] Transaction ID : SB21B.I2103! Amount of Each Disbursement this Period 22.00 |
| City PINE BLUFF | State AR | Zip Code 71601 |
| Purpose of Disbursement JFC BANK FEES | | Category/ Type [] |
| Candidate Name | | |
| 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: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. SIMMONS BANK | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2023 |
| Mailing Address 501 MAIN STREET | | FEC Identification Number C [] Transaction ID : SB21B.I2107 Amount of Each Disbursement this Period 22.00 |
| City PINE BLUFF | State AR | Zip Code 71601 |
| Purpose of Disbursement JFC BANK FEES | | Category/ Type [] |
| Candidate Name | | |
| 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: | <input type="checkbox"/> Memo Item | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 422.00 |
| TOTAL This Period (last page this line number only).....▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Team Hill

Full Name (Last, First, Middle Initial)

A. SIMMONS BANK

Mailing Address 501 MAIN STREET

City
PINE BLUFF

State
AR

Zip Code
71601

Purpose of Disbursement
JFC BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C []

Transaction ID : SB21B.I21144
Amount of Each Disbursement this Period

[] 22.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 22.00

[] 1194.00