

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Team Hill

ADDRESS (number and street) PO BOX 7244
Check if different than previously reported. (ACC) LITTLE ROCK AR 72217

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00773903 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2022 through 06 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Goode, Michael, , ,
Type or Print Name of Treasurer

Signature of Treasurer Goode, Michael, , , [Electronically Filed] Date 07 / 15 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2022"/>	<input type="text" value="45281.97"/>	<input type="text" value="45281.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33557.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="103299.00"/>	<input type="text" value="146349.00"/>
(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="136856.77"/>	<input type="text" value="191630.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="133193.27"/>	<input type="text" value="187967.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3663.50"/>	<input type="text" value="3663.50"/>
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Team Hill

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2022 To: M M / D D / Y Y Y Y 06 / 30 / 2022

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).....	74100.00	98150.00
(ii) Unitemized	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	74300.00	98350.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	28999.00	47999.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	103299.00	146349.00
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)).....▶	103299.00	146349.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	103299.00	146349.00

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	18570.55	45804.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18570.55	45804.57
22. Transfers to Affiliated/Other Party Committees.....	114622.72	142162.90
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)) ..	133193.27	187967.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	133193.27	187967.47

DETAILED SUMMARY PAGE
of Disbursements

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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)	103299.00	146349.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	103299.00	146349.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18570.55	45804.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18570.55	45804.57

**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 32
	<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
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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. ADAMS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5858 ENGINEER DR.
 City HUNTINGTON BEACH State CA Zip Code 92649-1166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TIODIZE, INC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 09 / 2022
Transaction ID : SA11A.31042
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. ATTYAH, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 908 S. GRANVILLE AVENUE #5
 City LOS ANGELES State CA Zip Code 90049-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2022
Transaction ID : SA11A.31026
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. AVZARADEL, ALINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 661 SEALE AVE
 City PALO ALTO State CA Zip Code 94301-3833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITAL GROUP Occupation (for Individual) ANALYST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 03 / 2022
Transaction ID : SA11A.31022
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF 32
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Hill

A. BROWN, BEN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5110 DALECARLIA DRIVE
City BETHESDA State MD Zip Code 20816-1802
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) BLUE RIDGE LAW & POLICY Occupation (for Individual) ATTORNEY
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 05 / 11 / 2022
Transaction ID : SA11A.31036
Amount of Each Receipt this Period 500.00
Memo Item CONTRIBUTION

B. BUCHBINDER, CHRISTOPHER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 25 CORNWALL ST.
City MILL VALLEY State CA Zip Code 94941-1730
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) CAPITAL GROUP Occupation (for Individual) PORTFOLIO MANAGER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2900.00
Date of Receipt 04 / 29 / 2022
Transaction ID : SA11A.31027
Amount of Each Receipt this Period 2900.00
Memo Item CONTRIBUTION

C. CODA, CAROLYN, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6008 GROVE DRIVE
City ALEXANDRIA State VA Zip Code 22307-1139
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INVARIANT Occupation (for Individual) LOBBYIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 06 / 30 / 2022
Transaction ID : SA11A.31198
Amount of Each Receipt this Period 250.00
Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 3650.00
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 8 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Hill

A. CRAIG, STEVEN, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 OCEANCREST
 City NEWPORT BEACH State CA Zip Code 92657-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CRAIG REALTY GROUP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 05 / 12 / 2022
Transaction ID : SA11A.31030
 Amount of Each Receipt this Period 2900.00
 Memo Item CONTRIBUTION

B. DAIGLE, DAVID, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 557 INDIAN FIELD ROAD
 City GREENWICH State CT Zip Code 06830-7217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITAL GROUP Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 29 / 2022
Transaction ID : SA11A.31029
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

C. EASTON, PHYLLIS, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 7115
 City NEWPORT BEACH State CA Zip Code 92658-7115
 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 ▼ 2500.00

Date of Receipt 06 / 09 / 2022
Transaction ID : SA11A.31049
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Hill

A. GOLDSTEIN, LON, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 CHURCH STREET NW
APT 32

City WASHINGTON State DC Zip Code 20005-1985

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GOLDSTEIN POLICY SOLUTIONS Occupation (for Individual) GOVERNMENT RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2022

Transaction ID : SA11A.31196

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. HANNA, DAVE, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2455 MONACO DR

City LAGUNA BEACH State CA Zip Code 92651-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HANNA-BARBERA Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2022

Transaction ID : SA11A.31041

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

C. HANNA, VIRGINIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2455 MONACO DR.

City LAGUNA BEACH State CA Zip Code 92651-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2022

Transaction ID : SA11A.31040

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Hill

A. HARRELL, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 S SHERWOOD DR.
 City ROGERS State AR Zip Code 72758-9515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENERATIONS BANK Occupation (for Individual) CHAIRMAN OF THE BOARD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2022
Transaction ID : SA11A.31013
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. HAYDE, MICHAEL , K., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 EXECUTIVE CIRCLE
 City IRVINE State CA Zip Code 92614-6746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTERN NATIONAL GROUP Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2022
Transaction ID : SA11A.31031
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

C. HENN, MICHAEL, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 539 CATALINA DR.
 City NEWPORT BEACH State CA Zip Code 92663-4107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2022
Transaction ID : SA11A.31032
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Hill

A. HUBBARD, ALLAN, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 SUNSET LANE
 City INDIANAPOLIS State IN Zip Code 46228-1446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 E&A INDUSTRIES, INC. CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 04 / 01 / 2022
Transaction ID : SA11A.31018
 Amount of Each Receipt this Period 2900.00
 Memo Item CONTRIBUTION

B. HUBBARD, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 SUNSET LN
 City INDIANAPOLIS State IN Zip Code 46228-1446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 E&A COMPANIES CO-OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 04 / 01 / 2022
Transaction ID : SA11A.31017
 Amount of Each Receipt this Period 2900.00
 Memo Item CONTRIBUTION

C. JANSSEN, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 BLABOA AVE
 City LAGUNA BEACH State CA Zip Code 92651-3839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CAPITAL GROUP COMPANIES, INC ACCOUNTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 06 / 2022
Transaction ID : SA11A.31044
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 8300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Hill

A. KING, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 BAYVIEW BLVD
 City STRATFORD State CT Zip Code 06615-7921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITAL GROUP Occupation (for Individual) FINANCE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 03 / 2022
Transaction ID : SA11A.31023
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. LILES, WILLIAM, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2013 N. INGLEWOOD STREET
 City ARLINGTON State VA Zip Code 22205-3150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLUE RIDGE LAW & POLICY Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 04 / 2022
Transaction ID : SA11A.31016
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. LUCKEY, PALMER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1338 DOUGLAS DR.
 City VISTA State CA Zip Code 92084-3340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANDRUIL, INC. Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3800.00

Date of Receipt 05 / 09 / 2022
Transaction ID : SA11A.31039
 Amount of Each Receipt this Period 3800.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 9300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Hill

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MCCLELLAND, WESLEY, , ,

Mailing Address **2772 ANGELL AVENUE**

City **SAN DIEGO** State **CA** Zip Code **92122-2105**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **FRANKLIN SQUARE GROUP** Occupation (for Individual) **GOVERNMENT AFFAIRS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 30 / 2022

Transaction ID : SA11A.31197

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NAPPI, DOUGLAS, R., MR.,

Mailing Address **3309 RUSSELL ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22305-1725**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **FEDERAL HALL POLICY ADVISORS** Occupation (for Individual) **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 17 / 2022

Transaction ID : SA11A.31063

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

FUNDRAISING EXPENSES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. OKAMOTO, GEOFFREY, , ,

Mailing Address **1750 P STREET NW**

City **WASHINGTON** State **DC** Zip Code **20036-1340**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 29 / 2022

Transaction ID : SA11A.31028

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **2500.00**

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

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 14 OF 32
	<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
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NAME OF COMMITTEE (In Full)
Team Hill

A. PRIOR, RICH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 ESQUIRE
 City SAN ANTONIO State TX Zip Code 78257-1384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITAL GROUP Occupation (for Individual) OPERATIONS LEADER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2022
Transaction ID : SA11A.31037
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

B. RICE, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6208 FOXCROFT ROAD
 City ALEXANDRIA State VA Zip Code 22307-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FTI CONSULTING Occupation (for Individual) MANAGING CONSULTANT
 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
 04 / 21 / 2022
Transaction ID : SA11A.31015
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. RODENHUIS, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3311 ELM AVENUE
 City MANHATTAN BEACH State CA Zip Code 90266-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITAL GROUP Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2022
Transaction ID : SA11A.31024
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Hill

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SAUNDERS, JOHN, R., ,

Mailing Address 4040 MACARTHUR BLVD
 STE 300

City NEWPORT BEACH State CA Zip Code 92660-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAUNDERS PROPERTIES Occupation (for Individual) OWNER/OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 12 / 2022

Transaction ID : SA11A.31033

Amount of Each Receipt this Period
 500.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SCHUH, MARTIN, , ,

Mailing Address 1302 EAST CAPITOL STREET

City WASHINGTON State DC Zip Code 20003-1660

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EMERGENT STRATEGIES Occupation (for Individual) CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 20 / 2022

Transaction ID : SA11A.31048

Amount of Each Receipt this Period
 500.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SKEFFINGTON, WILLIAM, , ,

Mailing Address 220 S YALE ST

City SANTA ANA State CA Zip Code 92704-

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BEN'S ASPHALT Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 05 / 09 / 2022

Transaction ID : SA11A.31043

Amount of Each Receipt this Period
 1250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Hill

A. SPINELLA, CARMELO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16008 OAK TREE XING

City CHINO HILLS	State CA	Zip Code 91709-2221
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAPITAL GROUP	Occupation (for Individual) FINANCE EXECUTIVE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2022

Transaction ID : SA11A.31021

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. STEITZ, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2425 L ST. NW #908

City WASHINGTON	State DC	Zip Code 20037-2431
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FTI CONSULTING	Occupation (for Individual) CONSULTANT
---	---

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
05		10		2022

Transaction ID : SA11A.31038

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. WEISS, TODD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2901 MONTEVALLO RD

City MOUNTAIN BRK	State AL	Zip Code 35223-1209
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CROSSROADS STRATEGIES, LLC	Occupation (for Individual) CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2022

Transaction ID : SA11A.31014

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Hill

A. WENDT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MUIR LOOP
 City SAN FRANCISCO State CA Zip Code 94129-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITAL GROUP Occupation (for Individual) FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 03 / 2022
Transaction ID : SA11A.31025
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. WILKINSON, MOLLY, A., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2906 MAPLEWOOD PL
 City ALEXANDRIA State VA Zip Code 22302-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) HEAD/VP REGULATORY & INT'L AFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 04 / 28 / 2022
Transaction ID : SA11A.31019
 Amount of Each Receipt this Period 2700.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	74100.00

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

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

FOR LINE NUMBER: PAGE 18 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Hill

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JOHN VALDIVIA FOR MAYOR 2022

Mailing Address 9460 TEGNER RD.

City HILMAR State CA Zip Code 95324-9320

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 ▼
999.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2022

Transaction ID : SA11C.31034

Amount of Each Receipt this Period
999.00

Memo Item
CONTRIBUTION

PENDING REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. APPRAISAL INSTITUTE PAC

Mailing Address 440 1ST STREET NW, SUITE 880

City WASHINGTON State DC Zip Code 20001-3018

FEC ID number of contributing federal political committee. **C** C00144261

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2022

Transaction ID : SA11C.31047

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CAPITAL GROUP COMPANIES INC PAC

Mailing Address 333 S HOPE ST

City LOS ANGELES State CA Zip Code 90071-1406

FEC ID number of contributing federal political committee. **C** C00540518

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2022

Transaction ID : SA11C.31180

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7999.00

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

**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 19 OF 32
<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. EQUITABLE HOLDINGS, INC. POLITICAL ACTION COMMITTEE (EQUITABLE PAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 AVENUE OF THE AMERICAS
 City NEW YORK State NY Zip Code 10104-0101
 FEC ID number of contributing federal political committee. **C** C00161901
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt **04 / 21 / 2022**
Transaction ID : SA11C.31012
 Amount of Each Receipt this Period 2500.00
 Memo Item
CONTRIBUTION

B. FLAGSTAR BANK FEDERAL PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5151 CORPORATE DR
 City TROY State MI Zip Code 48098-2639
 FEC ID number of contributing federal political committee. **C** C00455733
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 19 / 2022**
Transaction ID : SA11C.31046
 Amount of Each Receipt this Period 2500.00
 Memo Item
CONTRIBUTION

C. INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC. PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 12TH STREET, N.W. SUITE 660
 City WASHINGTON State DC Zip Code 20004-1241
 FEC ID number of contributing federal political committee. **C** C00217638
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt **06 / 09 / 2022**
Transaction ID : SA11C.31050
 Amount of Each Receipt this Period 3000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	

**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 20 OF 32
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. INVESTMENT ADVISER ASSOCIATION PAC

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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2022

Transaction ID : SA11C.31139

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NATIONAL CREDITORS BAR ASSOCIATION PAC

Mailing Address 8043 COOPER CREEK BLVD.
SUITE 206

City UNIVERSITY PARK	State FL	Zip Code 34201-2142
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00491589

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2022

Transaction ID : SA11C.31011

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SMALL BUSINESS INVESTOR ALLIANCE PAC

Mailing Address P.O. BOX 14358

City WASHINGTON	State DC	Zip Code 20044-4358
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00109991

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2022

Transaction ID : SA11C.31035

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9500.00
TOTAL This Period (last page this line number only).....	

**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 21 OF 32
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. TRANSAMERICA CORPORATION PAC

Mailing Address 600 13TH ST NW

City WASHINGTON	State DC	Zip Code 20005-3005
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

Transaction ID : SA11C.31140

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WINDSTREAM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 4001 RODNEY PARHAM ROAD

City LITTLE ROCK	State AR	Zip Code 72212-2459
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00425975

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2022

Transaction ID : SA11C.31054

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

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
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	28999.00

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
Team Hill

Form A: BENNETT, A. BROOKE, , ,
Mailing Address 4511 4TH ST SOUTH
City ARLINGTON, State VA, Zip Code 22204
Purpose of Disbursement TRAVEL REIMBURSEMENT
Amount of Each Disbursement this Period 2740.20

Form B: HOLIDAY INN EXPRESS
Mailing Address 11250 SANTA MONICA BLVD
City LOS ANGELES, State CA, Zip Code 90025
Purpose of Disbursement TRAVEL LODGING
Amount of Each Disbursement this Period 322.79

Form C: HOTEL DEL CORONADO
Mailing Address 1500 ORANGE AVE
City CORONADO, State CA, Zip Code 92118
Purpose of Disbursement TRAVEL LODGING
Amount of Each Disbursement this Period 1517.13

SUBTOTAL of Disbursements This Page (optional) 2740.20
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. NU CAR RENTALS		Date of Disbursement MM / DD / YYYY 05 / 27 / 2022
Mailing Address 2263 PACIFIC HWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1432 Amount of Each Disbursement this Period [REDACTED] 448.74
City SAN DIEGO	State CA	Zip Code 92101
Purpose of Disbursement TRANSPORTATION		Category/ Type [REDACTED]
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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NAPPI, DOUGLAS, R., MR.,		Date of Disbursement MM / DD / YYYY 06 / 17 / 2022
Mailing Address 3309 RUSSELL ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31063 Amount of Each Disbursement this Period [REDACTED] 1000.00 FUNDRAISING EXPENSES
City ALEXANDRIA	State VA	Zip Code 22305-1725
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type [REDACTED]
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. TURNER, CALE, , ,		Date of Disbursement MM / DD / YYYY 05 / 20 / 2022
Mailing Address 11300 CANTRELL ROAD SUITE 301		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1434 Amount of Each Disbursement this Period [REDACTED] 1480.00
City LITTLE ROCK	State AR	Zip Code 72212
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type [REDACTED]
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).....▶	[REDACTED] 2480.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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. ADVANCE PRINT SOLUTIONS		Date of Disbursement MM / DD / YYYY 05 / 03 / 2022
Mailing Address 4201 S SHACKELFORD STE C		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1434 Amount of Each Disbursement this Period [REDACTED] 347.39
City LITTLE ROCK	State AR	Zip Code 72204
Purpose of Disbursement PRINTING SERVICES		Category/ Type [REDACTED]
Candidate Name		Memo Item <input type="checkbox"/>
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: _____	

Full Name (Last, First, Middle Initial) B. CAMPAIGN MAIL & DATA, INC. DBA CMDI		Date of Disbursement MM / DD / YYYY 06 / 16 / 2022
Mailing Address 1593 SPRING HILL ROAD SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I15293 Amount of Each Disbursement this Period [REDACTED] 250.00
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement SOFTWARE		Category/ Type [REDACTED]
Candidate Name		Memo Item <input type="checkbox"/>
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: _____	

Full Name (Last, First, Middle Initial) C. KLR DEVELOPMENT		Date of Disbursement MM / DD / YYYY 06 / 13 / 2022
Mailing Address 8 EXECUTIVE CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1432 Amount of Each Disbursement this Period [REDACTED] 4097.05
City IRVINE	State CA	Zip Code 92614
Purpose of Disbursement FUNDRAISING COMMISSION		Category/ Type [REDACTED]
Candidate Name		Memo Item <input type="checkbox"/>
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 4694.44
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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. KLR DEVELOPMENT		Date of Disbursement MM / DD / YYYY 06 / 20 / 2022	
Mailing Address 8 EXECUTIVE CIRCLE		FEC Identification Number C [REDACTED]	
City IRVINE	State CA	Zip Code 92614	Transaction ID : SB21B.I1533 Amount of Each Disbursement this Period [REDACTED] 284.76
Purpose of Disbursement FUNDRAISING COMMISSION		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
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: _____			

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.		Date of Disbursement MM / DD / YYYY 05 / 03 / 2022	
Mailing Address P.O. BOX 26466		FEC Identification Number C [REDACTED]	
City LITTLE ROCK	State AR	Zip Code 72221	Transaction ID : SB21B.I1435 Amount of Each Disbursement this Period [REDACTED] 1197.85
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
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: _____			

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY, INC.		Date of Disbursement MM / DD / YYYY 05 / 13 / 2022	
Mailing Address P.O. BOX 26466		FEC Identification Number C [REDACTED]	
City LITTLE ROCK	State AR	Zip Code 72221	Transaction ID : SB21B.I1436 Amount of Each Disbursement this Period [REDACTED] 1180.45
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
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: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2663.06
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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. RAISE THE MONEY, INC.			Date of Disbursement MM / DD / YYYY 04 / 22 / 2022	
Mailing Address P.O. BOX 26466				
City LITTLE ROCK	State AR	Zip Code 72221	FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1436' Amount of Each Disbursement this Period [REDACTED] 383.45	
Purpose of Disbursement CC TRANSACTION FEES		Category/Type [REDACTED]		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.			Date of Disbursement MM / DD / YYYY 05 / 23 / 2022	
Mailing Address P.O. BOX 26466				
City LITTLE ROCK	State AR	Zip Code 72221	FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1436' Amount of Each Disbursement this Period [REDACTED] 24.75	
Purpose of Disbursement CC TRANSACTION FEES		Category/Type [REDACTED]		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY, INC.			Date of Disbursement MM / DD / YYYY 06 / 30 / 2022	
Mailing Address P.O. BOX 26466				
City LITTLE ROCK	State AR	Zip Code 72221	FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1535 Amount of Each Disbursement this Period [REDACTED] 86.50	
Purpose of Disbursement CC TRANSACTION FEES		Category/Type [REDACTED]		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 494.70
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2022

Mailing Address 501 MAIN STREET

FEC Identification Number

C

Transaction ID : SB21B.I1529
Amount of Each Disbursement this Period

1781.87

City PINE BLUFF State AR Zip Code 71601

Purpose of Disbursement
ITEMIZED CREDIT CARD PAYMENT - SEE MEMO ITEMS

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2022

Mailing Address PO BOX 20706

FEC Identification Number

C

Transaction ID : SB21B.I1536
Amount of Each Disbursement this Period

39.00

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL AIRFARE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. FEAST AND FAREWAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2022

Mailing Address 2000 VISALIA ROW

FEC Identification Number

C

Transaction ID : SB21B.I1537
Amount of Each Disbursement this Period

233.41

City CORONADO State CA Zip Code 92118

Purpose of Disbursement
FUNDRAISING LUNCHEON

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

1781.87

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

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**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. HOLIDAY INN EXPRESS

Mailing Address 11250 SANTA MONICA BLVD

City
LOS ANGELES

State
CA

Zip Code
90025

Purpose of Disbursement
TRAVEL LODGING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	2

FEC Identification Number

C []
Transaction ID : SB21B.I1536
Amount of Each Disbursement this Period
[] 342.79

Memo Item

Full Name (Last, First, Middle Initial)

B. PELICAN GRILL

Mailing Address 22800 SOUTH PELICAN HILL ROAD

City
NEWPORT BEACH

State
CA

Zip Code
92657

Purpose of Disbursement
FUNDRAISING DINNER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	2

FEC Identification Number

C []
Transaction ID : SB21B.I1536
Amount of Each Disbursement this Period
[] 818.83

Memo Item

Full Name (Last, First, Middle Initial)

C. TCM BANK, N.A.

Mailing Address 3501 EAST FRONTAGE ROAD
STE. 200

City
TAMPA

State
FL

Zip Code
33607

Purpose of Disbursement
SEE MEMO

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	2	2

FEC Identification Number

C []
Transaction ID : SB21B.I1431
Amount of Each Disbursement this Period
[] 942.20

Memo Item

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

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

9	4	2	.	2	0
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9	4	2	.	2	0
---	---	---	---	---	---

**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. DELTA AIRLINES			Date of Disbursement MM / DD / YYYY 04 / 26 / 2022	
Mailing Address PO BOX 20706			FEC Identification Number C [REDACTED]	
City ATLANTA	State GA	Zip Code 30320	Transaction ID : SB21B.I1432	
Purpose of Disbursement TRAVEL AIRFARE		Category/ Type	Amount of Each Disbursement this Period 942.20	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) B. TCM BANK, N.A.			Date of Disbursement MM / DD / YYYY 04 / 27 / 2022	
Mailing Address 3501 EAST FRONTAGE ROAD STE. 200			FEC Identification Number C [REDACTED]	
City TAMPA	State FL	Zip Code 33607	Transaction ID : SB21B.I1432	
Purpose of Disbursement SEE MEMO		Category/ Type	Amount of Each Disbursement this Period 286.03	
Candidate Name			Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) C. BARNES & NOBLE			Date of Disbursement MM / DD / YYYY 04 / 27 / 2022	
Mailing Address 122 5TH AVE. #2			FEC Identification Number C [REDACTED]	
City NEW YORK	State NY	Zip Code 10011	Transaction ID : SB21B.I1432	
Purpose of Disbursement DONOR GIFT		Category/ Type	Amount of Each Disbursement this Period 286.03	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	286.03
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. TCM BANK, N.A.		Date of Disbursement MM / DD / YYYY 06 / 20 / 2022
Mailing Address 3501 EAST FRONTAGE ROAD STE. 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1533' Amount of Each Disbursement this Period 2083.05
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement ITEMIZED CREDIT CARD PAYMENT - SEE MEMO ITEMS		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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 20 / 2022
Mailing Address P.O. BOX 619616 MD 5675		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1535' Amount of Each Disbursement this Period 857.60
City DALLAS	State TX	Zip Code 75261
Purpose of Disbursement TRAVEL AIRFARE		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 20 / 2022
Mailing Address PO BOX 20706		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1535' Amount of Each Disbursement this Period 597.20
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL AIRFARE		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 checked="" type="checkbox"/> Memo Item	

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

2083.05

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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 20 / 2022
Mailing Address 233 SOUTH WACKER DRIVE		FEC Identification Number C [] Transaction ID : SB21B.I1535f Amount of Each Disbursement this Period [] 547.00
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL AIRFARE		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TWENTY FIRST CENTURY GROUP, INC		Date of Disbursement MM / DD / YYYY 04 / 27 / 2022
Mailing Address 434 NEW JERSEY AVE		FEC Identification Number C [] Transaction ID : SB21B.I1431f Amount of Each Disbursement this Period [] 405.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement EVENT TICKETS		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.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		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).....▶	[] 405.00
TOTAL This Period (last page this line number only).....▶	[] 18570.55

**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 type="checkbox"/> 21b	<input checked="" 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

A. FRENCH HILL FOR ARKANSAS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7841

City
LITTLE ROCK

State
AR

Zip Code
72217

Purpose of Disbursement
TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought: House
 Senate
 President
State: AR District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00551275

Transaction ID : SB22.I15349

Amount of Each Disbursement this Period

89122.00

Memo Item

B. FRENCH HILL FOR ARKANSAS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7841

City
LITTLE ROCK

State
AR

Zip Code
72217

Purpose of Disbursement
TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought: House
 Senate
 President
State: AR District: 02

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00551275

Transaction ID : SB22.I15350

Amount of Each Disbursement this Period

21178.57

Memo Item

C. IN THE ARENA PAC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7244

City
LITTLE ROCK

State
AR

Zip Code
72217

Purpose of Disbursement
TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00623512

Transaction ID : SB22.I15351

Amount of Each Disbursement this Period

4322.15

Memo Item

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

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

114622.72

114622.72