

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

French Hill for Arkansas

ADDRESS (number and street) ▼

PO Box 7841

Check if different than previously reported. (ACC)

Little Rock

AR

72217

2. FEC IDENTIFICATION NUMBER ▼

C C00551275

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

AR

02

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)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY
05 / 01 / 2014

through

MM / DD / YYYY
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cale Turner

Signature of Treasurer Cale Turner

[Electronically Filed]

Date

MM / DD / YYYY
09 / 16 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
French Hill for Arkansas

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	340736.08	1277811.69
(b) Total Contribution Refunds (from Line 20(d))	50.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	340686.08	1277511.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	251348.76	809524.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	251348.76	809524.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	467987.43	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

French Hill for Arkansas

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	257040.42	1113305.02
(ii) Unitemized.....	14445.66	39056.67
(iii) TOTAL of contributions from individuals ▶	271486.08	1152361.69
(b) Political Party Committees.....	6250.00	6250.00
(c) Other Political Committees (such as PACs).....	63000.00	119200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	340736.08	1277811.69
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	340736.08	1277811.69

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	251348.76	809524.26
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	50.00	300.00
(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 20(a), (b), and (c)).....	50.00	300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	251398.76	809824.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	378650.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	340736.08
25. SUBTOTAL (add Line 23 and Line 24).....	719386.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	251398.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	467987.43

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. DOROTHY ABLES

Mailing Address 7 SHADOW LAWN STREET

City HOUSTON State TX Zip Code 77005-1834

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

Name of Employer SPECTRA ENERGY Occupation CHIEF ADMINISTRATION OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11.1623

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES ABLES

Mailing Address 7 SHADOW LAWN STREET

City HOUSTON State TX Zip Code 77005-1834

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5180.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11.1624

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WARREN LEE ALLEN

Mailing Address 3802 WATER OAK DRIVE

City TEXARKANA State AR Zip Code 71854-8250

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11.1479

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. AMANDA ALLISON

Mailing Address 5900 NORTH COUNTRY CLUB

City State Zip Code
LITTLE ROCK AR 72207-4349

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

Name of Employer Occupation
ALLISON INSURANCE INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.1415

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES M. ALMAN

Mailing Address 22 EAST PALISADES DRIVE

City State Zip Code
LITTLE ROCK AR 72207-1904

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

Name of Employer Occupation
SOL ALMAN COMPANY OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11.1669

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LARRY ALMAN

Mailing Address 6 RIVER OAKS CIRCLE

City State Zip Code
LITTLE ROCK AR 72207-1702

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

Name of Employer Occupation
SOL ALMAN COMPANY SCRAP METAL RECYCLING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1612

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

4350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. ROBERT ANDERSON

Mailing Address 5116 EDGEWOOD ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-5412

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

Name of Employer: SELF EMPLOYED Occupation: ORAL SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 06 / 16 / 2014

Transaction ID : SA11.1735

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. COLLINS ANDREWS

Mailing Address 73 EL DORADO DRIVE

City: LITTLE ROCK State: AR Zip Code: 72212-2822

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 18 / 2014

Transaction ID : SA11.1752

Amount of Each Receipt this Period: 1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. DOUGLAS ASHCRAFT

Mailing Address 20 PHELLOS COURT

City: LITTLE ROCK State: AR Zip Code: 72223-5146

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

Name of Employer: SELF EMPLOYED Occupation: DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 06 / 19 / 2014

Transaction ID : SA11.1778

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. BRETT BARNETT

Mailing Address 2222 COTTONDALE LANE
SUITE 200

City Little Rock State AR Zip Code 72202-2017

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

Name of Employer R & R SPORTS COMPANY Occupation RETAIL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11.1702

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HON. STEVE BARTLETT

Mailing Address 1823 KIRBY ROAD

City MCLEAN State VA Zip Code 22101-5325

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

Name of Employer TRELIANT RISK ADVISORS Occupation SENIOR ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1811

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DENA J. BATTLE

Mailing Address 1106 DARTMOUTH ROAD

City ALEXANDRIA State VA Zip Code 22314-4709

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

Name of Employer CAPITOL COUNSEL, L.L.C. Occupation PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11.1517

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. DENA J. BATTLE

Mailing Address 1106 DARTMOUTH ROAD

City State Zip Code
ALEXANDRIA VA 22314-4709

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CAPITOL COUNSEL, L.L.C. PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1816

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RAYMOND BATTLE

Mailing Address 5 CANTRELL ROAD

City State Zip Code
LITTLE ROCK AR 72207-2005

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNITED PARCEL SERVICE DIVISION MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1350

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND BATTLE

Mailing Address 5 CANTRELL ROAD

City State Zip Code
LITTLE ROCK AR 72207-2005

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNITED PARCEL SERVICE DIVISION MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1601

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MONTY BAUGH

Mailing Address 12 CATLETT LANE

City State Zip Code
LITTLE ROCK AR 72211-2194

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

Name of Employer Occupation
MONTY BAUGH P.L.C. ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11.1506

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MURRAY BENTON

Mailing Address 243 CIRCLE 414

City State Zip Code
JONESBORO AR 72404-

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

Name of Employer Occupation
MID SOUTH SALES OIL DISTRIBUTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1843

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WAYNE L. BERMAN

Mailing Address 3055 WHITEHAVEN STREET, N.W.

City State Zip Code
WASHINGTON DC 20008-3613

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

Name of Employer Occupation
THE BLACKSTONE GROUP SENIOR ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11.1860

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
CONGRESSMAN ED BETHUNE

Mailing Address 11 IVIERS DRIVE

City State Zip Code
LITTLE ROCK AR 72223-9143

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.1572

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DUANE BICKINGS

Mailing Address 54 MARCELLA DRIVE

City State Zip Code
LITTLE ROCK AR 72223-9172

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

Name of Employer Occupation
BANK OF THE OZARKS BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11.1591

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL D. BIGGS

Mailing Address 3 OAKDALE DRIVE

City State Zip Code
CONWAY AR 72034-6117

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

Name of Employer Occupation
THE ARMY NATIONAL GUARD EDUCATION SPECIALIST, OFFICER COUNS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1694

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL D. BLANCHAT

Mailing Address 1914 NORTH SPRUCE STREET

City: LITTLE ROCK State: AR Zip Code: 72207-4718

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

Name of Employer: A. BRIGGS PASSPORT AND VISA EXPEDITO Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 18 / 2014

Transaction ID : SA11.1759

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD BLANK JR.

Mailing Address 5618 EDGEWOOD ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-5314

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

Name of Employer: STEPHENS INC. Occupation: MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 18 / 2014

Transaction ID : SA11.1764

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GUS BLASS II

Mailing Address 16 WEST PALISADES DRIVE

City: LITTLE ROCK State: AR Zip Code: 72207-1854

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

Name of Employer: CAPITAL PROPERTIES Occupation: PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : SA11.1610

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. GUS BLASS III

Mailing Address **8 LONGFELLOW**

City **LITTLE ROCK** State **AR** Zip Code **72207-**

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

Name of Employer **CAPITAL PROPERTIES** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1766

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL M. BOSCHETTI

Mailing Address **13101 BART MORELAND DRIVE**

City **ROLAND** State **AR** Zip Code **72135-8014**

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

Name of Employer **CORNERSTONE BUSINESS ADVISORS** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.1516

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVE R. BOVA

Mailing Address **10 RIVER GLEN CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72202-1424**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1812

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3850.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 190

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. VIRGINIA BOYD
 Mailing Address 5714 HAWTHORNE ROAD
 City State Zip Code
 LITTLE ROCK AR 72207-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11.1678
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. OAKLEY BROOKS
 Mailing Address 3032 CAMBRIDGE PLACE NW
 City State Zip Code
 WASHINGTON DC 20007-2913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NATIONAL AIR CARRIER ASSOCIATION PRESIDENT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11.1634
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HANK C. BROWNE
 Mailing Address 5708 WARDEN ROAD
 City State Zip Code
 SHERWOOD AR 72120-6070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HANK'S FURNITURE CHAIRMAN
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11.1715
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN BROWN

Mailing Address **14 LONGFELLOW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3750**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11.1787

Amount of Each Receipt this Period
750.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DOUGLAS A. BRYANT

Mailing Address **7211 WHITMAN ROAD**

City **RALEIGH** State **NC** Zip Code **27507-**

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

Name of Employer **WENDY'S FRANCHISES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1810

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JIM BUNCH

Mailing Address **8802 RIVER RIDGE DRIVE**

City **TEXARKANA** State **TX** Zip Code **75503-9070**

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

Name of Employer **BWI COMPANIES, INC.** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.1476

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. JANICE ELIZ BURFORD

Mailing Address **60 ABERDEEN DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72223-9101**

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

Name of Employer **CARTI** Occupation **ADMINISTRATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1814

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ASHLEY Y. CALDWELL

Mailing Address **3211 IMPERIAL VALLEY DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72212-3111**

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

Name of Employer **NEWELL RUBBERMAID** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.1403

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICK W. CALDWELL

Mailing Address **49 HICKORY HILLS CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2766**

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

Name of Employer **FELLOWSHIP ASSOCIATES** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11.1525

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JIM CARGILL

Mailing Address 14 DEERBERRY FOREST CIRCLE

City State Zip Code
LITTLE ROCK AR 72211-4427

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

Name of Employer Occupation
ARVEST BANK LENDING OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1691

Amount of Each Receipt this Period
150.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHAD H. CARLSON

Mailing Address 203 CHALAMONT LANE

City State Zip Code
LITTLE ROCK AR 72223-5502

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

Name of Employer Occupation
DELTA TRUST AND BANK FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.1369

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JOHN MICHAEL CARNEY

Mailing Address 4212 FAIRVIEW ROAD

City State Zip Code
LITTLE ROCK AR 72205-2061

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

Name of Employer Occupation
SELF EMPLOYED DERMATOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11.1681

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. PHILIP A. CHARLES

Mailing Address 2548 DUNBAR DRIVE

City MCKINNEY State TX Zip Code 75070-9128

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11.1603

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JONANN CHILES

Mailing Address 5315 SHERWOOD ROAD

City LITTLE ROCK State AR Zip Code 72207-5331

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11.1535

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD L. CISNE

Mailing Address 2 WOODBERRY ROAD

City LITTLE ROCK State AR Zip Code 72212-2742

FEC ID number of contributing federal political committee.

Name of Employer HUDSON, CISNE, AND COMPANY Occupation C.P.A.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1809

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. PEGGY CLARK

Mailing Address 173 TYLER COVE

City State Zip Code
HOT SPRINGS AR 71913-9745

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

Name of Employer Occupation
CLARK TIMBERLANDS MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11.1682

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TOM CLARK

Mailing Address 3 SHAWBRIDGE LANE

City State Zip Code
LITTLE ROCK AR 72212-2910

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

Name of Employer Occupation
ACXIOM SENIOR PROJECT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11.1549

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. HOWARD COCKRILL JR.

Mailing Address 50 RIVER RIDGE ROAD

City State Zip Code
LITTLE ROCK AR 72227-1518

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11.1582

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
REP. CHARLIE COLLINS

Mailing Address 3225 EAST PIPER GLEN

City State Zip Code
FAYETTEVILLE AR 72703-4394

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

Name of Employer Occupation
CROWN PARTNERS EXECUTIVE SEARCH PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1767

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. STEVEN F. COLLIER

Mailing Address P.O. BOX 277

City State Zip Code
AUGUSTA AR 72006-0277

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

Name of Employer Occupation
ARKANSAS CARE CHIEF EXECUTIVE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1325.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1451

Amount of Each Receipt this Period
 325.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WINSTON B. COLLIER P.A.

Mailing Address 200 WEST RACE AVENUE
SUITE 200

City State Zip Code
SEARCY AR 72143-4235

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1452

Amount of Each Receipt this Period
 325.00

CONTRIBUTION

REFUND

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 21 OF 190
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. DONNA CONE

Mailing Address 5500 COUNTRY CLUB BLVD.

City State Zip Code
LITTLE ROCK AR 72207-4517

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 18 2014

Transaction ID : SA11.1757

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES E. COOK JR.

Mailing Address 25 SHERRILL ROAD

City State Zip Code
LITTLE ROCK AR 72202-1516

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

Name of Employer Occupation
REGIONS BANK C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 19 2014

Transaction ID : SA11.1774

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NEIL CORKERY

Mailing Address 124 AUSTRALIAN AVENUE

City State Zip Code
PALM BEACH FL 33480-4435

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

Name of Employer Occupation
BISHOP GASSIS SUDAN RELIEF FUND PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 15 2014

Transaction ID : SA11.1513

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. KEN COWLING

Mailing Address 6906 SUGARHILL ACRES DRIVE

City TEXARKANA State AR Zip Code 71854-9273

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

Name of Employer COWLING TITLE COMPANY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11.1478

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM L. CRAVENS

Mailing Address 1 TREETOPS LANE #402

City LITTLE ROCK State AR Zip Code 72202-1515

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11.1528

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT G. CRESS

Mailing Address 38 RIVER RIDGE ROAD

City LITTLE ROCK State AR Zip Code 72227-1518

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11.1709

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JAY P. CRITZ JR.

Mailing Address 1 ANDOVER DRIVE
APT. 8

City LITTLE ROCK State AR Zip Code 72227-3988

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

Name of Employer MORGAN STANLEY SMITH BARNEY Occupation ASSOC. VP/FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11.1548

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HARRY L. CROSBY

Mailing Address 834 FIFTH AVENUE
1C

City NEW YORK State NY Zip Code 10065-7047

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

Name of Employer CRANEMERE, INC. Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11.1886

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NIEL CROWSON

Mailing Address 503 MELTON CIRCLE

City JONESBORO State AR Zip Code 72401-7185

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

Name of Employer E.C. BARTON AND COMPANY Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1844

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. LILLIAN D. DAVENPORT

Mailing Address 4612 CLUB ROAD

City State Zip Code
LITTLE ROCK AR 72207-2012

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

Name of Employer Occupation
DELTA TRUST AND BANK ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11.1775

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KIM O. DAVIS

Mailing Address 411 FORK RIVER ROAD

City State Zip Code
SHERWOOD AR 72120-5870

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

Name of Employer Occupation
ARKANSAS PUBLIC SERVICE COMMISSION DIRECTOR, FINANCIAL ANALYSIS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11.1724

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SCOTT DAVIS

Mailing Address 7 SUNSET DRIVE

City State Zip Code
LITTLE ROCK AR 72207-1821

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

Name of Employer Occupation
CLEARVIEW INTERNATIONAL VICE CHAIRMAN, C.F.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.1644

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. CLAIBORNE P. DEMING

Mailing Address P.O. BOX 1009

City State Zip Code
EL DORADO AR 71731-1009

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

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.1716

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ELAINE DEMING

Mailing Address 1502 NORTH EUCLID AVE

City State Zip Code
EL DORADO AR 71730-4044

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.1717

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS DICKINSON

Mailing Address 2115 NORTH SPRUCE STREET

City State Zip Code
LITTLE ROCK AR 72207-4729

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

Name of Employer Occupation
MCGEORGE CONTRACTING GENERAL MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.1373

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. JOYCE DILLINGHAM

Mailing Address 4916 EAST CRESTWOOD

City State Zip Code
LITTLE ROCK AR 72207-5408

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1692

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MAC DODSON

Mailing Address 10 LONGFELLOW LANE

City State Zip Code
LITTLE ROCK AR 72207-3750

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11.1786

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HON. JIM DOTY

Mailing Address 1666 K STREET NW

City State Zip Code
WASHINGTON DC 20006-1278

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

Name of Employer Occupation
P.C.A.O.B. CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11.1665

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. MARY DOUGLAS

Mailing Address **ONE WOOD PLACE**

City **TEXARKANA** State **AR** Zip Code **71854-3333**

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

Name of Employer **DOUGLAS COMPANIES, INC.** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.1469

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVE DOUGLAS

Mailing Address **6501 NORTHERN HILLS**

City **TEXARKANA** State **AR** Zip Code **71854-8210**

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

Name of Employer **DOUGLAS COMPANIES, INC.** Occupation **C.E.O./PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.1471

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALAN DUNCAN

Mailing Address **25 ST. ANDREW ROAD**

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

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

Name of Employer **MOUNTAIRE FARMS** Occupation **EXECUTIVE/C.P.A.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1625

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. TED DUNCAN

Mailing Address **29 MASTERS PLACE DRIVE**

City **MAUMELLE** State **AR** Zip Code **72113-7021**

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

Name of Employer **FROST, P.L.L.C.** Occupation **C.P.A. /A.B.V., C.V.A.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11.1440

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WARREN E. DUPWE

Mailing Address **706 MORNING VIEW**

City **JONESBORO** State **AR** Zip Code **72404-8500**

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

Name of Employer **WARREN E DUPWE, E.P.A.** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1837

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. KRISTY EANES

Mailing Address **2500 NORTH TYLER STREET**

City **LITTLE ROCK** State **AR** Zip Code **72207-3743**

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

Name of Employer **CATHOLIC DIOCESE OF LITTLE ROCK** Occupation **NETWORK ADMINISTRATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11.1606

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ROBERT C. EAST

Mailing Address P.O. BOX 251556

City State Zip Code
LITTLE ROCK AR 72225-1556

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

Name of Employer Occupation
EAST-HARDING, INC. CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11.1883

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. KELLY EICHLER

Mailing Address 4901 EAST CRESTWOOD

City State Zip Code
LITTLE ROCK AR 72207-5407

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11.1604

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LEWIS M. EISENBERG

Mailing Address 9 WEST 57TH STREET

City State Zip Code
NEW YORK NY 10019-2701

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

Name of Employer Occupation
KOHLBERG, KRAVIS, ROBERTS, AND COMP. SENIOR ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1826

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

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

6700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. JENNY ELKINS

Mailing Address 3335 INWOOD DRIVE

City HOUSTON State TX Zip Code 77019-3105

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2000.00**

Date of Receipt: **06 / 05 / 2014**

Transaction ID : SA11.1660

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL J. EMERSON

Mailing Address 4200 WOODLAWN DRIVE

City LITTLE ROCK State AR Zip Code 72205-3915

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

Name of Employer: **BARBER LAW FIRM** Occupation: **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **450.00**

Date of Receipt: **06 / 17 / 2014**

Transaction ID : SA11.1748

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES ENGSTROM

Mailing Address 29 FOXHUNT TRAIL

City LITTLE ROCK State AR Zip Code 72227-2445

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

Name of Employer: **H. JAMES ENGSTROM AND ASSOCIATES, IN** Occupation: **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **06 / 18 / 2014**

Transaction ID : SA11.1765

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. SALLY HALL EZELL

Mailing Address 10034 OVERBROOK LANE

City HOUSTON State TX Zip Code 77042-3104

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2335.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : SA11.1800

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALEC FARMER

Mailing Address 2705 TURTLE CREEK

City JONESBORO State AR Zip Code 72404-6942

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

Name of Employer FARMER ENTERPRISES, INC. Occupation OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1841

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES T. FERSTL

Mailing Address 5820 SCENIC DRIVE

City LITTLE ROCK State AR Zip Code 72207-2831

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

Name of Employer FERSTL VALUATION SERVICES Occupation REAL ESTATE CONSULTING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : SA11.1372

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) MR. TERRY LEE FLEMING		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2014	
Mailing Address 1010 SANCTUARY		Transaction ID : SA11.1687	
City LITTLE ROCK	State AR	Zip Code 72223-5171	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00	
Name of Employer PERFECT VISION	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		CONTRIBUTION SEE REATTRIBUTION	

Full Name (Last, First, Middle Initial) MR. TERRY LEE FLEMING		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2014	
Mailing Address 1010 SANCTUARY		Transaction ID : SA11.1687B	
City LITTLE ROCK	State AR	Zip Code 72223-5171	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00	
Name of Employer PERFECT VISION	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		CONTRIBUTION [MEMO ITEM] REATTRIBUTION TO JOINT TENANT OF CHECKING ACCOUNT	

Full Name (Last, First, Middle Initial) MR. TREY FLEMING		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2014	
Mailing Address 801 SANCTUARY DRIVE		Transaction ID : SA11.1934	
City LITTLE ROCK	State AR	Zip Code 72223-5169	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer PERFECT VISION	Occupation SENIOR DIRECTOR OF SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		CONTRIBUTION [MEMO ITEM] REATTRIBUTED FROM JOINT TENANT OF CHECKING ACCOUNT	

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. TERRY LEE FLEMING

Mailing Address 1010 SANCTUARY

City State Zip Code
LITTLE ROCK AR 72223-5171

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

Name of Employer Occupation
PERFECT VISION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1935

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
SEE REATTRIBUTION**

B. Full Name (Last, First, Middle Initial)
MS. KELLY CARMON

Mailing Address 1505 SANCTUARY DRIVE

City State Zip Code
LITTLE ROCK AR 72223-5174

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

Name of Employer Occupation
PERFECT VISION ADMINSTRATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1936

Amount of Each Receipt this Period
1400.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTED FROM JOINT TENANT OF CHECKING ACCOUNT**

C. Full Name (Last, First, Middle Initial)
MR. TERRY LEE FLEMING

Mailing Address 1010 SANCTUARY

City State Zip Code
LITTLE ROCK AR 72223-5171

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

Name of Employer Occupation
PERFECT VISION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1935B

Amount of Each Receipt this Period
-1400.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO JOINT TENANT OF CHECKING ACCOUNT**

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN P. FLETCHER

Mailing Address **2217 NORTH PALM STREET**

City **LITTLE ROCK** State **AR** Zip Code **72207-2049**

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

Name of Employer **WINDSTREAM** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1818

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PETER FLOOD

Mailing Address **P.O. BOX 229**

City **SUN VALLEY** State **ID** Zip Code **83353-0229**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1627

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MOZELLA DEES FLUCHT

Mailing Address **136 CHEROKEE DRIVE**

City **MAUMELLE** State **AR** Zip Code **72113-7402**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.1505

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. HAYDEN FRANKS

Mailing Address 2100 COUNTRY CLUB LANE

City State Zip Code
LITTLE ROCK AR 72207-2040

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

Name of Employer Occupation
SELF EMPLOYED DERMATOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.1473

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA WALTON FRAZIER

Mailing Address 4600 CRESTWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72207-5434

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1807

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNETH GEORGE

Mailing Address 4205 MCFARLIN BLVD

City State Zip Code
DALLAS TX 75205-1626

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

Name of Employer Occupation
SELF EMPLOYED BUSINESSMAN INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11.1658

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. PATRICIA MAST GEORGE

Mailing Address 4205 MCFARLIN BOULEVARD

City State Zip Code
DALLAS TX 75205-1626

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

Name of Employer Occupation
SELF EMPLOYED RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1806

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GASTON GIBSON

Mailing Address 2300 BEECHWOOD STREET

City State Zip Code
LITTLE ROCK AR 72207-2026

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.1541

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WORTH J. GIBSON

Mailing Address 16 GREATHOUSE BEND

City State Zip Code
LITTLE ROCK AR 72207-1608

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

Name of Employer Occupation
FOREST HILL CAPITAL, L.L.C. INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.1544

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH J. GIEZEMAN

Mailing Address 107 AQUA MARINE

City State Zip Code
SEARCY AR 72143-3054

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

Name of Employer Occupation
BUSINESS INSIGHTS, L.L.C. BUSINESS LEADERSHIP CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11.1585

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARIAN D. GOFF

Mailing Address 4501 COUNTRY CLUB BOULEVARD

City State Zip Code
LITTLE ROCK AR 72207-2033

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11.1744

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GORDON GONDEK

Mailing Address 1215 REBSAMEN PARK ROAD

City State Zip Code
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation
R-G JOINT VENTURE, L.L.C. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11.1621

Amount of Each Receipt this Period
 142.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM R-G JOINT VENTURE, LLC

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. JANICE H. GOODWIN

Mailing Address **3500 CEDAR HILL ROAD
#3 NORTH**

City **LITTLE ROCK** State **AR** Zip Code **72202-1914**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1732

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE HONORABLE BOYDEN GRAY

Mailing Address **1829 EASTCHESTER DRIVE**

City **HIGH POINT** State **NC** Zip Code **27265-1402**

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

Name of Employer **BOYDEN GRAY AND ASSOCIATES** Occupation **FOUNDING PARTNER AND ATTORNEY AT L**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.1509

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CURT GREEN

Mailing Address **3416 JACK CULLEN DRIVE**

City **TEXARKANA** State **AR** Zip Code **71854-2548**

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

Name of Employer **CURT GREEN AND COMPANY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1188.04**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11.1529

Amount of Each Receipt this Period
1188.04
 CONTRIBUTION

IN-KIND CONTRIBUTION - FOOD AND BEVERAGES

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

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

3688.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DONALD GREENLAND III

Mailing Address 4640 BAY HILL DRIVE

City State Zip Code
CONWAY AR 72034-8198

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

Name of Employer Occupation
NABHOLZ CONSTRUCTION CORP. C.O.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11.1581

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. WILLIAM ROBERT GREEN

Mailing Address 2408 SKYLINE POINTE

City State Zip Code
JONESBORO AR 72404-

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

Name of Employer Occupation
ASSOCIATED RADIOLOGISTS PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1836

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MISSY GRIFFY

Mailing Address 209 LONG CANYON COURT

City State Zip Code
RICHARDSON TX 75080-2669

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11.1592

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DAVID M. HAAK

Mailing Address P.O. BOX 1365

City TEXARKANA State TX Zip Code 75504-1365

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

Name of Employer FIRST TAPE AND LABEL Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11.1470

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES A. HADDEN

Mailing Address 1605 BLAIR STREET

City LITTLE ROCK State AR Zip Code 72207-5301

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11.1599

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. DAVID HALL

Mailing Address 12 SUNSET DRIVE

City LITTLE ROCK State AR Zip Code 72207-1822

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

Name of Employer CENTRAL ARKANSAS VETERANS HOSPITAL Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11.1708

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 41 OF 190
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DON FOSTER HAMILTON

Mailing Address 1 GLENLEIGH DRIVE

City State Zip Code
LITTLE ROCK AR 72227-2207

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 16 2014

Transaction ID : SA11.1730

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DON FOSTER HAMILTON

Mailing Address 1 GLENLEIGH DRIVE

City State Zip Code
LITTLE ROCK AR 72227-2207

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 18 2014

Transaction ID : SA11.1750

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LINDA HARDING

Mailing Address 21 LA SCALA COURT

City State Zip Code
LITTLE ROCK AR 72212-2793

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 20 2014

Transaction ID : SA11.1554

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 42 OF 190
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. THOMAS HARDING
 Mailing Address 12 REDCOAT LANE
 City State Zip Code
 LITTLE ROCK AR 72227-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EAST HARDING INC. GENERAL CONTRACTOR
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 16 2014
Transaction ID : SA11.1737
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES V. HARKINS
 Mailing Address 7 SANDSTONE COURT
 City State Zip Code
 LITTLE ROCK AR 72227-5815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FLAKE AND KELLY COMMERCIAL PARTNER AND EXECUTIVE BROKER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 08 2014
Transaction ID : SA11.1374
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREG HARTZ
 Mailing Address 2900 NORTH TAYLOR
 City State Zip Code
 LITTLE ROCK AR 72207-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FOUNDATION RESOURCE MANAGEMENT INVESTMENT MANAGER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 10 2014
Transaction ID : SA11.1690
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

2950.00

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

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

FOR LINE NUMBER: PAGE 43 OF 190
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. JANET L. HARTZ

Mailing Address 2900 NORTH TAYLOR

City State Zip Code
LITTLE ROCK AR 72207-2839

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.1689

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN E. HARVEY

Mailing Address 2201 NORTH SPRUCE

City State Zip Code
LITTLE ROCK AR 72207-4731

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

Name of Employer Occupation
ENTERPRISE FINANCIAL SOLUTIONS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.1643

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LEONARD HASSON

Mailing Address 75 PINEHURST CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-3432

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

Name of Employer Occupation
MANN, HASSON, AND COMPANY ACCOUNTANT/C.P.A.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.1641

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. HARRY HASTINGS

Mailing Address 33 SHERRILL ROAD

City State Zip Code
LITTLE ROCK AR 72202-1516

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

Name of Employer Occupation
MOON DISTRIBUTORS OWNER/CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11.1467

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. GRAVES HEARNSBERGER III

Mailing Address 5524 STONEWALL ROAD

City State Zip Code
LITTLE ROCK AR 72207-4528

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

Name of Employer Occupation
ARKANSAS OTOLARYNGOLOGY CENTER PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11.1583

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DENISE M. HENRY

Mailing Address 7400 PARK TERRACE DRIVE

City State Zip Code
ALEXANDRIA VA 22307-2039

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1823

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2200.00

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

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

FOR LINE NUMBER: PAGE 45 OF 190
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. EMIL W. HENRY
 Mailing Address 655 PARK AVENUE
 City State Zip Code
 NEW YORK NY 10065-5937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TIGER INFRASTRUCTURE PARTNERS C.E.O. AND MANAGING PARTNER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 18 2014
Transaction ID : SA11.1770
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. HENRY SR.
 Mailing Address 61 SOLOGNE CIRCLE
 City State Zip Code
 LITTLE ROCK AR 72223-8913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RADIOLOGY CONSULTANTS PHYSICIAN
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 03 2014
Transaction ID : SA11.1657
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD D. HERLIHY
 Mailing Address 51 WEST 52ND STREET
 City State Zip Code
 NEW YORK NY 10019-6119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WATCHELL, LIPTON, ROSEN, AND KATZ ATTORNEY AT LAW
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 17 2014
Transaction ID : SA11.1749
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. FRANK D. HICKINGBOTHAM

Mailing Address 11300 NORTH RODNEY PARHAM ROAD
SUITE 300

City Little Rock State AR Zip Code 72212-4105

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

Name of Employer HICKINGBOTHAM INVESTMENTS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.1645

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARTHA HILL

Mailing Address 7 CANTRELL ROAD

City Little Rock State AR Zip Code 72207-2005

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

Name of Employer MITCHELL WILLIAMS LAW FIRM Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
551.81

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.1728

Amount of Each Receipt this Period
 148.00
 CONTRIBUTION
 IN KIND- FOOD AND BEVERAGES

C. Full Name (Last, First, Middle Initial)
MR. RANDOLPH HOPKINS

Mailing Address 2329 NORTH SPRUCE STREET

City Little Rock State AR Zip Code 72207-3727

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.1536

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1648.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. JANET M. HUCKABEE

Mailing Address P.O. BOX 2008

City: LITTLE ROCK State: AR Zip Code: 72203-

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: BLUE DIAMOND RENTALS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 02 / 2014

Transaction ID : SA11.1650

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GOVERNOR MIKE D. HUCKABEE

Mailing Address P.O. BOX 2008

City: LITTLE ROCK State: AR Zip Code: 72203-

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: COMMUNICATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 02 / 2014

Transaction ID : SA11.1651

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS A. JANOSKY

Mailing Address 2 TUSCANY COVE

City: LITTLE ROCK State: AR Zip Code: 72223-5941

FEC ID number of contributing federal political committee: C

Name of Employer: GLOBAL MFG Occupation: VICE PRESIDENT OF MFG

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 05 / 2014

Transaction ID : SA11.1348

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. PHILLIP JETT JR.

Mailing Address **26 ST. ANDREWS DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2909**

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

Name of Employer **IBERIA BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.1653

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GERALD JOHNSON

Mailing Address **940 APPLE BLOSSOM LANE**

City **SPRINGDALE** State **AR** Zip Code **72762-9757**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1618

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. THOMAS ROBERT JOHNSON

Mailing Address **606 NORTH BRYAN STREET**

City **LITTLE ROCK** State **AR** Zip Code **72205-2706**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11.1559

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. JANET JONES

Mailing Address 5406 EDGEWOOD ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-5310

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

Name of Employer: JANET JONES REAL ESTATE Occupation: OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 20 / 2014

Transaction ID : SA11.1555

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JOHN C. JONES

Mailing Address 12 LONGFELLOW LANE

City: LITTLE ROCK State: AR Zip Code: 72207-3750

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

Name of Employer: SURGICAL CLINIC OF CENTRAL ARKANSAS Occupation: PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 18 / 2014

Transaction ID : SA11.1760

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RENE JULIAN

Mailing Address 2 GREATHOUSE BEND

City: LITTLE ROCK State: AR Zip Code: 72207-1608

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

Name of Employer: ARKANSAS BANKERS BANK Occupation: INVESTMENT BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 28 / 2014

Transaction ID : SA11.1598

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. CHRIS M. KEMP

Mailing Address 711 ASH STREET
APT. 8

City State Zip Code
LITTLE ROCK AR 72205-2064

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

Name of Employer Occupation
MERRILL LYNCH INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.1933

Amount of Each Receipt this Period
50.00

CONTRIBUTION

REFUNDED \$50.00 ON 05/12/2014

B. Full Name (Last, First, Middle Initial)
MR. CLOUD N. KEYES

Mailing Address 9 BROADVIEW TERRACE

City State Zip Code
LITTLE ROCK AR 72207-5115

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

Name of Employer Occupation
ALESSI KEYES CONTRACTING GENERAL CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.1640

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CLOUD N. KEYES

Mailing Address 9 BROADVIEW TERRACE

City State Zip Code
LITTLE ROCK AR 72207-5115

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

Name of Employer Occupation
ALESSI KEYES CONTRACTING GENERAL CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1734

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 51 OF 190
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. WHITFIELD L. KNAPPLE

Mailing Address 4703 CRESTWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72207-5435

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11.1547

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KURT KNICKREHM

Mailing Address 17 VANTAGE POINT

City State Zip Code
LITTLE ROCK AR 72207-1617

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

Name of Employer Occupation
REGIONS INSURANCE INSURANCE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11.1701

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HENRY R. KRAVIS

Mailing Address 9 WEST 57TH STREET
SUITE 4200

City State Zip Code
NEW YORK NY 10019-2707

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

Name of Employer Occupation
KOHLEBERG, KRAVIS, ROBERTS, AND COMP. CO-CHIEF EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11.1782

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. LEONARD KREMERS

Mailing Address 44 INVERNESS CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2928

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

Name of Employer Occupation
MID-SOUTH DIST. C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1856

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. DREW G. KUMPURIS

Mailing Address 2 BRIDGEVIEW LANE

City State Zip Code
LITTLE ROCK AR 72207-1621

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

Name of Employer Occupation
ST. VINCENT HOSPITAL CARDIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11.1475

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACKIE LACKIE

Mailing Address 46 OVERLOOK DRIVE

City State Zip Code
LITTLE ROCK AR 72207-1611

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

Name of Employer Occupation
AMERICAN MATERIAL SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : SA11.1381

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) MR. LEE A. LAHOURCADE		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 1001 FANNIN SUITE 700		Transaction ID : SA11.1430	
City HOUSTON State TX Zip Code 77002-6777	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer HOUSTON TRUST COMPANY Occupation C.E.O.		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) MR. HARRY LEGGETT JR.		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 303 HICKORY CREEK COURT		Transaction ID : SA11.1673	
City LITTLE ROCK State AR Zip Code 72212-2501	Amount of Each Receipt this Period 1000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) MR. ED LIGON		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 25 CARMEL LANE		Transaction ID : SA11.1707	
City LITTLE ROCK State AR Zip Code 72212-4400	Amount of Each Receipt this Period 2600.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. JENNIFER S. LIPSCHULTZ

Mailing Address 1060 FIFTH AVENUE

City NEW YORK State NY Zip Code 10128-0104

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1741

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARC S. LIPSCHULTZ

Mailing Address 1060 FIFTH AVENUE

City NEW YORK State NY Zip Code 10128-0104

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

Name of Employer **KOHLBERG, KRAVIS, ROBERTS, AND CO. L.P.** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1740

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TIM LOCKE

Mailing Address 2111 WOODMONT ROAD

City ALEXANDRIA State VA Zip Code 22307-1156

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

Name of Employer **THE SMITH-FREE GROUP** Occupation **SENIOR VICE PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11.1514

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DAVID LOOK

Mailing Address 7007 YAMINI

City State Zip Code
DALLAS TX 75230-3133

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

Name of Employer Occupation
D.H.S. C.I.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11.1553

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. FRANCES G. LOPATA

Mailing Address 13000 RIVERCREST DRIVE

City State Zip Code
LITTLE ROCK AR 72212-1449

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11.1776

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVE LUCCHI

Mailing Address 8 MCKINLEY CIRCLE

City State Zip Code
LITTLE ROCK AR 72207-6333

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

Name of Employer Occupation
WHOLE HOG CAFE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11.1564

Amount of Each Receipt this Period
500.00
CONTRIBUTION

IN-KIND- FOOD AND BEVERAGES

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. MABREY SR.

Mailing Address 1708 N PALM

City State Zip Code
LITTLE ROCK AR 72207-5456

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

Name of Employer Occupation
MAGGIE MABREY EYE CLINIC PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11.1593

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PETER T. MADIGAN

Mailing Address 903 VICAR LANE

City State Zip Code
ALEXANDRIA VA 22302-3422

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

Name of Employer Occupation
PECK, MADIGAN, AND JONES STRATEGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1824

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOEY E. MARTIN

Mailing Address 6910 SUGAR CREST DRIVE

City State Zip Code
TEXARKANA AR 71854-9575

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

Name of Employer Occupation
EXPRESS EMPLOYMENT OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11.1558

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. FARREL E. MASON

Mailing Address 1 TREETOPS LANE
#204

City State Zip Code
LITTLE ROCK AR 72202-1677

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11.1711

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD MASSEY

Mailing Address 4610 CRESTWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72207-5434

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

Name of Employer Occupation
FIRST FEDERAL BANK CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11.1597

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CAMERON MATSON

Mailing Address 54 SHERRILL ROAD

City State Zip Code
LITTLE ROCK AR 72202-1516

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

Name of Employer Occupation
MATSON, INC. GENERAL CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11.1534

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. HAL C. MATTHEWS

Mailing Address P.O. BOX 94435

City NORTH LITTLE ROCK State AR Zip Code 72190-4435

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

Name of Employer MATTHEWS PROPERTIES, L.L.C. Occupation REAL ESTATE DEVELOPMENT/MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11.1632

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARVIN H. MAURRAS

Mailing Address P.O. BOX 21258

City LITTLE ROCK State AR Zip Code 72221-1258

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1670.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1758

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL MAYTON

Mailing Address 1911 COUNTRY CLUB LANE

City LITTLE ROCK State AR Zip Code 72207-2035

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

Name of Employer MAYTON, NEWKIRK, & JONES Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11.1672

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. CATHY MCGLOTHIN

Mailing Address 2713 CALICO CREEK DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72116-7645

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

Name of Employer C.B.M. CONSTRUCTION COMPANY Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11.1722

Amount of Each Receipt this Period
 _____ 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ANDREW N. MCKECHNIE

Mailing Address 1330 BELMONT STREET NW #102

City WASHINGTON State DC Zip Code 20009-4893

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

Name of Employer PECK, MADIGAN, AND JONES Occupation GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11.1791

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANKLIN MCLARTY

Mailing Address 425 WEST CAPITOL AVENUE SUITE 3810

City LITTLE ROCK State AR Zip Code 72201-3460

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

Name of Employer R.L.J. COMPANIES Occupation C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11.1574

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

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

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

_____ 1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. HOLLIS MCLOUGHLIN

Mailing Address 1133 CONNECTICUT AVE. NW
SUITE 200

City State Zip Code
WASHINGTON DC 20036-4380

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

Name of Employer Occupation
FREDDIE MAC SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11.1674

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID MEADEN

Mailing Address P.O. BOX 91303

City State Zip Code
SAN ANTONIO TX 78209-9099

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

Name of Employer Occupation
REATA REAL ESTATE PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2014

Transaction ID : SA11.1685

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALLAN E. MEADORS

Mailing Address 1812 BEECHWOOD

City State Zip Code
LITTLE ROCK AR 72207-2002

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

Name of Employer Occupation
MEADORS, ADAMS, & LEE, INC. INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11.1680

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ANDREW B. MEADORS

Mailing Address 315 ROCK STREET
#1707

City LITTLE ROCK State AR Zip Code 72202-5502

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

Name of Employer MEADORS, ADAMS, & LEE Occupation INSURANCE AGENCY EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.1652

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MIKE MEHAFFY

Mailing Address P.O. BOX 72115

City NORTH LITTLE ROCK State AR Zip Code 72115-

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

Name of Employer MEHAFFY CONSTRUCTION GROUP, INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11.1438

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TIMOTHY R. MILLER

Mailing Address 38 PAMELA DRIVE

City LITTLE ROCK State AR Zip Code 72227-5977

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

Name of Employer SUMOTEXT CORPORATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.1407

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 62 OF 190
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. TIMOTHY R. MILLER

Mailing Address **38 PAMELA DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72227-5977**

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

Name of Employer **SUMOTEXT CORPORATION** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
06 / 26 / 2014

Transaction ID : SA11.1792

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. GEORGE MITCHELL

Mailing Address **1511 NORTH FILLMORE**

City **LITTLE ROCK** State **AR** Zip Code **72207-5371**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
06 / 05 / 2014

Transaction ID : SA11.1662

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HARRY HOLMES MOREL JR.

Mailing Address **10260 OLD POST ROAD**

City **TEXARKANA** State **AR** Zip Code **71854-8966**

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

Name of Employer **MOREL AND PERRY ASSOCIATES** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
06 / 19 / 2014

Transaction ID : SA11.1777

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ROBERT F. MURCHISON

Mailing Address 10131 GAYWOOD ROAD

City State Zip Code
DALLAS TX 75229-6604

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MURCHISON MANAGEMENT INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1710

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL W. MURPHY

Mailing Address 200 NORTH JEFFERSON AVENUE
SUITE 500

City State Zip Code
EL DORADO AR 71730-5855

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MARMIK OIL COMPANY EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1498

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL W. MURPHY

Mailing Address 200 NORTH JEFFERSON AVENUE
SUITE 500

City State Zip Code
EL DORADO AR 71730-5855

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MARMIK OIL COMPANY EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1499

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. NATALIE E. MURPHY

Mailing Address **100 WEST 39TH STREET**
39B

City **NEW YORK** State **NY** Zip Code **10018-3731**

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

Name of Employer **BANK OF AMERICA** Occupation **ASSOCIATE INVESTMENT BANKING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1742

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. SYDNEY W. MURPHY

Mailing Address **200 NORTH JEFFERSON AVENUE**
SUITE 500

City **EL DORADO** State **AR** Zip Code **71730-5855**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.1500

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SYDNEY W. MURPHY

Mailing Address **200 NORTH JEFFERSON AVENUE**
SUITE 500

City **EL DORADO** State **AR** Zip Code **71730-5855**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.1501

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. WADE MURPHY

Mailing Address **200 NORTH JEFFERSON AVENUE**
SUITE 500

City **EL DORADO** State **AR** Zip Code **71730-5855**

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

Name of Employer **MARMIK OIL COMPANY** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.1494

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WADE MURPHY

Mailing Address **200 NORTH JEFFERSON AVENUE**
SUITE 500

City **EL DORADO** State **AR** Zip Code **71730-5855**

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

Name of Employer **MARMIK OIL COMPANY** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.1495

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN R. MURRAY

Mailing Address **10472 TOWNSHIP ROAD 94**

City **FINDLAY** State **OH** Zip Code **45840-2013**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1626

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN NAZZARO

Mailing Address **46 COACHLIGHT DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72227-6463**

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

Name of Employer **HEART OF ARKANSAS UNITED WAY** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1693

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JIM NEWELL

Mailing Address **18 RIVER RIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-1522**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.1521

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARSHALL NEY

Mailing Address **2 PRAIRIE DUNES DRIVE**

City **ROGERS** State **AR** Zip Code **72758-9593**

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

Name of Employer **MITCHELL WILLIAMS** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11.1609

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOE NICHOLS

Mailing Address 6208 BROOKHOLLOW DRIVE

City State Zip Code
TEXARKANA TX 75503-1496

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

Name of Employer Occupation
STATE BANK CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.1488

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BERNARD T. NUGENT

Mailing Address 64 RESPLANDOR WAY

City State Zip Code
HOT SPRINGS AR 71909-7717

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11.1589

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL A. O'BRIEN

Mailing Address 3301 FOXCROFT ROAD

City State Zip Code
LITTLE ROCK AR 72227-2324

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11.1703

Amount of Each Receipt this Period
150.00
CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. RAY L. PARKER

Mailing Address **9 LONGFELLOW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3749**

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

Name of Employer **DERMATOLOGY GROUP OF ARKANSAS** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11.1706

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CARROLL PENICK

Mailing Address **15 BEVERLY PLACE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3701**

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

Name of Employer **DELTA TRUST AND BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.1743

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GENE PFEIFER

Mailing Address **16300 CANTRELL ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72223-4232**

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

Name of Employer **SELF EMPLOYED** Occupation **REAL ESTATE OWNER/MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11.1683

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
COLONEL WILLIAM PHILIPS III

Mailing Address 103 TANGLEWOOD CIRCLE

City State Zip Code
FAIRFIELD BAY AR 72088-4501

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
675.00

Date of Receipt
 M M / D D / Y Y Y Y
06 30 2014

Transaction ID : SA11.1855

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JIM H. PHILLIPS

Mailing Address 6021 GREENWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-1840

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

Name of Employer Occupation
JAMES H PHILLIPS ATTORNEY ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 08 2014

Transaction ID : SA11.1399

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JIM H. PHILLIPS

Mailing Address 6021 GREENWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-1840

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

Name of Employer Occupation
JAMES H PHILLIPS ATTORNEY ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 20 2014

Transaction ID : SA11.1551

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN D. PORTER

Mailing Address 7712 GREENTREE ROAD

City State Zip Code
BETHESDA MD 20817-1428

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

Name of Employer Occupation
WASHINGTON COUNCIL ERNST AND YOUNG CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11.1515

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LILLIAN T. PORTER

Mailing Address 2108 BEECHWOOD AVE

City State Zip Code
LITTLE ROCK AR 72207-2022

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.1639

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD W. PORTER

Mailing Address 200 EAST RANDOLPH DRIVE

City State Zip Code
CHICAGO IL 60601-6436

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

Name of Employer Occupation
KIRKLAND AND ELLIS, L.L.P. ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11.1629

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. CHARLOTTE P. POTTER

Mailing Address 1815 PINSON DRIVE

City TEXARKANA State AR Zip Code 71854-4552

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11.1486

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ROBERT E. POWERS

Mailing Address P.O. BOX 7288

City LITTLE ROCK State AR Zip Code 72217-7288

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

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.1688

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BILL C. POYNTER

Mailing Address 11 REGENCY DRIVE

City TEXARKANA State AR Zip Code 71854-3013

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

Name of Employer **SELF EMPLOYED** Occupation **GEOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11.1490

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. PETE PRICE

Mailing Address 12 CHENAL CIRCLE

City LITTLE ROCK State AR Zip Code 72223-9566

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11.1666

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOEL PRITCHETT

Mailing Address 918 SKYLINE DRIVE

City SEARCY State AR Zip Code 72143-6510

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11.1602

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT S. PUGH

Mailing Address P.O. BOX 26

City PORTLAND State AR Zip Code 71663-0026

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

Name of Employer ARKANSAS AG COMPANY Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11.1561

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

4100.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 73 OF 190

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ROBERT S. PUGH
 Mailing Address P.O. BOX 26
 City PORTLAND State AR Zip Code 71663-0026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARKANSAS AG COMPANY Occupation EXECUTIVE
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11.1562
 Amount of Each Receipt this Period
 2400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ANN B. QUICK
 Mailing Address 3080 PURCHASE STREET
 City PURCHASE State NY Zip Code 10577-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11.1773
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER C. QUICK
 Mailing Address 3080 PURCHASE STREET
 City PURCHASE State NY Zip Code 10577-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11.1771
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

7600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH M. QUNITILIAN

Mailing Address **3 CORDWAINER LANE**

City **HUNTINGTON** State **NY** Zip Code **11743-9729**

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

Name of Employer **AXIOM MARKETS** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.1785

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN G. RAGSDALE JR.

Mailing Address **3305 GOLDEN TRAILS #201**

City **KINGWOOD** State **TX** Zip Code **77345-5111**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1617

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD RANEY JR.

Mailing Address **5800 CHASEVIEW ROAD**

City **NASHVILLE** State **TN** Zip Code **37221-4115**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1620

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

3050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH H. RAYLE

Mailing Address 4440 ABBOTT AVE.

City	State	Zip Code
DALLAS	TX	75205-4342

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11.1720

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARY JANE REBICK

Mailing Address 1 MALLARD POINT COVE

City	State	Zip Code
LITTLE ROCK	AR	72223-3701

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

Name of Employer	Occupation
CANON SOLUTIONS AMERICA	SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1761

Amount of Each Receipt this Period
 _____ 200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MARK E. REINER

Mailing Address 637 EAST MATTHEWS

City	State	Zip Code
JONESBORO	AR	72401-3145

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

Name of Employer	Occupation
THE PODIATRY GROUP	PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1842

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

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

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

_____ 700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MARTIN M. RHODES

Mailing Address **5 LONGFELLOW PLACE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3723**

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

Name of Employer **STEPHENS INC.** Occupation **CHIEF EXECUTIVE OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1762

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALAN RIBBLE

Mailing Address **35505 JACK CULLEN**

City **TEXARKANA** State **AR** Zip Code **71854-**

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

Name of Employer **ATLANTA OIL COMPANY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11.1557

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES A. RICKARD

Mailing Address **4718 HALLMARK DRIVE
APT. 1051**

City **HOUSTON** State **TX** Zip Code **77056-3918**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1615

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. MISSY RICKELS

Mailing Address 311 MCMILLEN TRAIL

City: LITTLE ROCK State: AR Zip Code: 72207-5119

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2014

Transaction ID : SA11.1804

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PHILLIP E. RICKELS

Mailing Address 311 MCMILLEN TRAIL

City: LITTLE ROCK State: AR Zip Code: 72207-5119

FEC ID number of contributing federal political committee: C

Name of Employer: FRAZIER RICKELS, PA Occupation: C.P.A.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 29 / 2014

Transaction ID : SA11.1802

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ED RILEY

Mailing Address 33 STONEWALL LANE

City: MADISON State: CT Zip Code: 06443-2236

FEC ID number of contributing federal political committee: C

Name of Employer: WELLS FARGO ADVISORS Occupation: FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 27 / 2014

Transaction ID : SA11.1590

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. SCOTT RITTELMAYER

Mailing Address 1621 NORTH JACKSON STREET

City State Zip Code
LITTLE ROCK AR 72207-5445

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

Name of Employer Occupation
RAYMOND JAMES INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1754

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID B. RIVKIN JR.

Mailing Address 100 TOLLGATE WAY

City State Zip Code
FALLS CHURCH VA 22046-3516

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

Name of Employer Occupation
BAKER AND HOSLETER L.L.P. ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.1511

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALLAN ROBERTS

Mailing Address 1215 REBSAMEN PARK ROAD

City State Zip Code
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation
R-G JOINT VENTURE, LLC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
607.50

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11.1940

Amount of Each Receipt this Period
357.50
CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION FROM R-G JOINT VENTURE, LLC

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. WILL ROCKEFELLER

Mailing Address P.O. BOX 3157

City: LITTLE ROCK State: AR Zip Code: 72203-3157

FEC ID number of contributing federal political committee: C

Name of Employer: UNITED STATES SENATE Occupation: FIELD DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 05 / 09 / 2014

Transaction ID : SA11.1431

Amount of Each Receipt this Period: 650.00

CONTRIBUTION

IN KIND- FOOD AND BEVERAGES

B. Full Name (Last, First, Middle Initial)
MR. WIN P. ROCKEFELLER

Mailing Address P.O. BOX 3157

City: LITTLE ROCK State: AR Zip Code: 72203-3157

FEC ID number of contributing federal political committee: C

Name of Employer: WINROCK GROUP Occupation: INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 05 / 09 / 2014

Transaction ID : SA11.1444

Amount of Each Receipt this Period: 650.00

CONTRIBUTION

IN KIND- FOOD AND BEVERAGES

C. Full Name (Last, First, Middle Initial)
MR. JAMES W. ROGERS

Mailing Address 5409 HAWTHORNE ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-3751

FEC ID number of contributing federal political committee: C

Name of Employer: SPORTSTOP, INC Occupation: OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 16 / 2014

Transaction ID : SA11.1731

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. JOSEPHINE RAYE ROGERS

Mailing Address 75 BLUFF VIEW DRIVE

City State Zip Code
BATESVILLE AR 72501-3700

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1848

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS N. ROSE

Mailing Address 6 PALISADES DRIVE

City State Zip Code
LITTLE ROCK AR 72207-

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TAYLOR AND STUCKEY, INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1595

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CARL ROSENBAUM

Mailing Address 84 ROBINWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72227-2218

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SAFEFOODS, INC. CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1847

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. WENDY F. SAER

Mailing Address **21 LONGFELLOW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3752**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1763

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LOUIS E. SCHICKEL

Mailing Address **11601 PLEASANT RIDGE ROAD SUITE 300**

City **LITTLE ROCK** State **AR** Zip Code **72212-2241**

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

Name of Employer **SELF EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.1518

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LOUIS E. SCHICKEL

Mailing Address **11601 PLEASANT RIDGE ROAD SUITE 300**

City **LITTLE ROCK** State **AR** Zip Code **72212-2241**

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

Name of Employer **SELF EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11.1700

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN SCHMELZLE

Mailing Address **9 WEST WEMBLY**

City **ROGERS** State **AR** Zip Code **72758-8855**

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

Name of Employer **SCHMELZLE AND ASSOCIATES, INC.** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.1654

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TOM SCHUECK

Mailing Address **P.O. BOX 16390**

City **LITTLE ROCK** State **AR** Zip Code **72231-6390**

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

Name of Employer **LEXICON, INC.** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11.1788

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN A. SCHWARZMAN

Mailing Address **345 PARK AVENUE
44TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10154-0004**

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

Name of Employer **BLACKSTONE** Occupation **CHAIRMAN, C.E.O., AND CO-FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11.1783

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN SCOFIELD

Mailing Address 333 NORTH FAIRFAX STREET
SUITE 100

City ALEXANDRIA State VA Zip Code 22314-2632

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

Name of Employer SHOCKEY SCOFIELD SOLUTIONS, L.L.C. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1830

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH SCOTT

Mailing Address 2206 NORTH PALM STREET

City LITTLE ROCK State AR Zip Code 72207-2050

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11.1580

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MORIN SCOTT

Mailing Address 1100 WEST CAPITOL AVE

City LITTLE ROCK State AR Zip Code 72201-3006

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

Name of Employer SOUTHWEST HOTELS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11.1613

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MICKEY SEEMAN

Mailing Address 2900 BROWNS LANE

City State Zip Code
JONESBORO AR 72401-7237

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SUNBELT FINANCE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1845

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARY E. SEGRAVES

Mailing Address 30 WOODGLEN ROAD

City State Zip Code
LITTLE ROCK AR 72207-1620

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PREMIER STAFFING, INC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1751

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY SEWELL

Mailing Address 3400 JUNCTION CITY HIGHWAY

City State Zip Code
EL DORADO AR 71730-8308

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SEWELL OIL & GAS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1616

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JIM SHENEP

Mailing Address 12 CHAPARRAL LANE

City LITTLE ROCK State AR Zip Code 72212-3620

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

Name of Employer DELTA TRUST AND BANK Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.1779

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BOBBY SHIPP

Mailing Address 1015 TEXAS BOULEVARD

City TEXARKANA State TX Zip Code 75501-5146

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

Name of Employer SHIPP MOTOR COMPANY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11.1352

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JEFREY S. SHOCKEY

Mailing Address 333 NORTH FAIRFAX STREET
SUITE 100

City ALEXANDRIA State VA Zip Code 22314-2632

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

Name of Employer SHOCKEY SCOFIELD SOLUTIONS, L.L.C. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1829

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DUDLEY SHOLLMIER SR.

Mailing Address 290 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207-

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

Name of Employer Occupation
STERNE AGEE AND LEACH INVESTMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1805

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SAM SICARD

Mailing Address 3516 OLD OAKS LANE

City State Zip Code
FORT SMITH AR 72903-3332

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

Name of Employer Occupation
FORT SMITH FIRST NATIONAL BANK PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1698

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ALEXIS SIXBEY

Mailing Address 4 FOREST HEIGHTS DRIVE

City State Zip Code
LITTLE ROCK AR 72207-4352

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11.1600

Amount of Each Receipt this Period
150.00
CONTRIBUTION

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

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. KEMP SKOKOS

Mailing Address 32 RIVER RIDGE ROAD

City State Zip Code
LITTLE ROCK AR 72227-1520

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1736

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CAROLE J. SMITH

Mailing Address 405 CAMBRIDGE PLACE DRIVE

City State Zip Code
LITTLE ROCK AR 72227-2166

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

Name of Employer Occupation
DELTA TRUST AND BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.1646

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. TODD M. SMITH

Mailing Address 9601 BAPTIST HEALTH DRIVE
SUITE 100

City State Zip Code
LITTLE ROCK AR 72205-6321

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS LITTLE ROCK PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.1655

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. TED SNIDER JR.

Mailing Address P.O. BOX 242222

City State Zip Code
LITTLE ROCK AR 72223-0022

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

Name of Employer Occupation
CTEH MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11.1546

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. SCOT J. SNODGRASS

Mailing Address 1406 FAIRWAY DRIVE

City State Zip Code
JONESBORO AR 72401-4385

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1839

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID SNOWDEN SR.

Mailing Address 4 CASCADE CREEK

City State Zip Code
LITTLE ROCK AR 72223-9165

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1614

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DAVID E. SNOWDEN JR.

Mailing Address **20 LONGFELLOW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3750**

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

Name of Employer **TARCO, INC** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1753

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. RICARDO SOTOMORA

Mailing Address **3 RIVER RIDGE COURT**

City **LITTLE ROCK** State **AR** Zip Code **72227-1513**

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

Name of Employer **RICARDO F. SOTOMORA M.D. PA** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2014

Transaction ID : SA11.1801

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARTHA N. SOWELL

Mailing Address **12400 HUNTERS GLEN BLVD.
#2**

City **LITTLE ROCK** State **AR** Zip Code **72211-2235**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11.1596

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DREW SPEED

Mailing Address 14 GLASGOW COURT

City LITTLE ROCK State AR Zip Code 72211-2170

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

Name of Employer B.K.D., L.L.P. Occupation C.P.A.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1832

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. DAVID STAGGS

Mailing Address 412 HONEY HILL ROAD

City SEARCY State AR Zip Code 72143-9383

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

Name of Employer WHITE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1808

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RONALD G. STEINHART

Mailing Address 25 ROBLEDO DRIVE

City DALLAS State TX Zip Code 75230-3055

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11.1670

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. GRACE D. STEURI

Mailing Address 52 RIVER RIDGE ROAD

City: LITTLE ROCK State: AR Zip Code: 72227-1518

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 625.00

Date of Receipt: 06 / 17 / 2014

Transaction ID : SA11.1746

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN E. STEURI

Mailing Address 52 RIVER RIDGE ROAD

City: LITTLE ROCK State: AR Zip Code: 72227-1518

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 625.00

Date of Receipt: 06 / 17 / 2014

Transaction ID : SA11.1745

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE HONORABLE JOHN F. STROUD JR.

Mailing Address 1313 COUNTRY CLUB LANE

City: TEXARKANA State: AR Zip Code: 71854-7720

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 13 / 2014

Transaction ID : SA11.1491

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. PHILIP TAPPAN

Mailing Address **8 EAST PALISADES**

City **LITTLE ROCK** State **AR** Zip Code **72207-1904**

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

Name of Employer **PURPLE COW RESTAURANTS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11.1929

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. GINA TAPPAN

Mailing Address **8 EAST PALISADES**

City **LITTLE ROCK** State **AR** Zip Code **72207-**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11.1931

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED
 (AUTOMATIC) REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. PHILIP TAPPAN

Mailing Address **8 EAST PALISADES**

City **LITTLE ROCK** State **AR** Zip Code **72207-1904**

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

Name of Employer **PURPLE COW RESTAURANTS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11.1929B

Amount of Each Receipt this Period
-250.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ALAN B. TEDFORD

Mailing Address 1814 SHADOW LANE

City State Zip Code
LITTLE ROCK AR 72207-2016

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

Name of Employer Occupation
STEPHENS INC. INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1755

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN F. THOMAS

Mailing Address 9245 VENDOME DRIVE

City State Zip Code
BETHESDA MD 20817-4029

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

Name of Employer Occupation
JOHN F. THOMAS AND COMPANY OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1628

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DON M. THOMPSON

Mailing Address P.O. BOX 53

City State Zip Code
MABELVALE AR 72103-0053

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

Name of Employer Occupation
THOMPSON ELECTRIC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.1363

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. TERRI D. THOMPSON

Mailing Address 721 COLONIAL DRIVE

City State Zip Code
BRYANT AR 72022-7041

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

Name of Employer Occupation
THOMPSON ELECTRIC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.1502

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. TRACY THOMPSON

Mailing Address 4241 EMERSON APT. 1

City State Zip Code
DALLAS TX 75205-1097

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

Name of Employer Occupation
L.C. SOLUTIONS L.L.C. ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.1543

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT L. TORRANS

Mailing Address 3800 PICOMA DRIVE

City State Zip Code
TEXARKANA TX 75501-9517

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

Name of Employer Occupation
INTERNATIONAL WAREHOUSING AND DIST PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11.1784

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

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

5400.00

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

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

FOR LINE NUMBER: PAGE 95 OF 190
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. AMY E. TURNER

Mailing Address **18 HILLSIDE COVE**

City **GREENBRIER** State **AR** Zip Code **72058-9366**

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

Name of Employer **ACXICOM CORPORATION** Occupation **ACCOUNTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
05 / 13 / 2014

Transaction ID : SA11.1492

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD TYLER

Mailing Address **31 EAGLE VALLEY ROAD**

City **CONWAY** State **AR** Zip Code **72032-9542**

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

Name of Employer **CONWAY REGIONAL** Occupation **ATTORNEY/HUMAN RESOURCE DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
06 / 05 / 2014

Transaction ID : SA11.1663

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. STAN M. UDOUJ

Mailing Address **520 SOUTH 14TH STREET**

City **FORT SMITH** State **AR** Zip Code **72901-4608**

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

Name of Employer **IMPLANT, COSMETIC, AND GENERAL DENTI** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
05 / 16 / 2014

Transaction ID : SA11.1530

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ROBERT C. VAUGHN

Mailing Address 6116 N CENTRAL EXPRESSWAY
SUITE 1440

City DALLAS State TX Zip Code 75206-5102

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

Name of Employer VAUGHN PETROLEUM, L.L.C. Occupation C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.1637

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES A. VONDRAN JR.

Mailing Address 4220 NORTH RODNEY PARHAM
SUITE 310

City LITTLE ROCK State AR Zip Code 72212-2466

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

Name of Employer VONDRAN ORTHODONTICS Occupation ORTHODONTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11.1362

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL P. WATERS

Mailing Address 6 BAYONNE COURT

City LITTLE ROCK State AR Zip Code 72223-9108

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

Name of Employer REGIONS BANK Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11.1442

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. JANE P. WAYLAND

Mailing Address 300 EAST THIRD STREET
#801

City State Zip Code
LITTLE ROCK AR 72201-1648

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

Name of Employer Occupation
UNIVERSITY OF ARKANSAS LITTLE ROCK DEAN/PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11.1793

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT F. WAYLAND

Mailing Address 300 EAST THIRD STREET
#801

City State Zip Code
LITTLE ROCK AR 72201-1648

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11.1794

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRUCE WESTERMAN

Mailing Address 245 AUTUMNWOOD WAY

City State Zip Code
HOT SPRINGS AR 71909-9451

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

Name of Employer Occupation
MID-SOUTH ENGINEERING COMPANY ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11.1584

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. CHARLES B. WHITESIDE III

Mailing Address 2905 NORTH FILLMORE

City State Zip Code
LITTLE ROCK AR 72207-2812

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

Name of Employer Occupation
BANK OF AMERICA FINANCIAL CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1733

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. GAY D. WHITE

Mailing Address 5424 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207-3731

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1729

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JIM WHITE

Mailing Address P.O. BOX 1788

City State Zip Code
NORTH LITTLE ROCK AR 72115-1788

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

Name of Employer Occupation
COULSON OIL OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.1540

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MARK WHITE

Mailing Address 71 VIGNE BOULEVARD

City State Zip Code
LITTLE ROCK AR 72223-4582

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD PRESIDENT AND C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1638

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TALMAGE J. WHITEHEAD

Mailing Address 502 HIGHWAY 33

City State Zip Code
NEWPORT AR 72112-7915

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ARCARE CHIEF FINANCIAL OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1453

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RANDY WILBOURN

Mailing Address 100 MORGAN KEEGAN DRIVE
SUITE 305

City State Zip Code
LITTLE ROCK AR 72202-2217

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MARTIN-WILBOURN PARTNERS CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1571

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ED K. WILLIS

Mailing Address 6400 PATRICK COUNTRY RD

City State Zip Code
LITTLE ROCK AR 72223-4410

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

Name of Employer Occupation
FINANCIAL CENTRE CORPORATION REAL ESTATE MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.1636

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JIM WILLIAMS JR.

Mailing Address 5623 RIDGEFIELD LANE

City State Zip Code
LITTLE ROCK AR 72223-9293

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

Name of Employer Occupation
ARKANSAS SELECT TAX SERVICES, INC. ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11.1355

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK V. WILLIAMSON

Mailing Address P.O BOX 7503

City State Zip Code
LITTLE ROCK AR 72217-7503

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

Name of Employer Occupation
MARK V. WILLIAMSON CO., INC. INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11.1579

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ROBERT P. WILLIAMS

Mailing Address P.O. BOX 17607

City State Zip Code
LITTLE ROCK AR 72222-7607

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

Name of Employer Occupation
DELTA TRUST AND BANK SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.1635

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE HONORABLE ROGER WILLIAMS

Mailing Address P.O. BOX 1504

City State Zip Code
AUSTIN TX 78767-1504

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

Name of Employer Occupation
US GOVERNMENT CONGRESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.1642

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JENNIFER WILSON-HARVEY

Mailing Address 2201 NORTH SPRUCE STREET

City State Zip Code
LITTLE ROCK AR 72207-4731

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

Name of Employer Occupation
WILSON AND ASSOCIATES, P.L.L.C. MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1769

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. LARRY T. WILSON

Mailing Address #3 NIXON DRIVE

City JACKSONVILLE State AR Zip Code 72076-5516

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

Name of Employer FIRST ARKANSAS BANK AND TRUST Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2414.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.1472

Amount of Each Receipt this Period
414.69

CONTRIBUTION

IN KIND- FOOD AND BEVERAGES

B. Full Name (Last, First, Middle Initial)
MR. HARRIGAN WORTSMITH

Mailing Address 324 NORTH RIDGE ROAD

City LITTLE ROCK State AR Zip Code 72207-2522

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11.1789

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAN C. YOUNG

Mailing Address 1824 NORTH JACKSON STREET

City LITTLE ROCK State AR Zip Code 72207-4708

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

Name of Employer ROSE LAW FIRM Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11.1368

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

714.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. DAN C. YOUNG

Mailing Address 1824 NORTH JACKSON STREET

City State Zip Code
LITTLE ROCK AR 72207-4708

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

Name of Employer Occupation
ROSE LAW FIRM ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1756

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MELISSA A. YOUNG

Mailing Address 27 EDNAM VILLAGE

City State Zip Code
CHARLOTTESVILLE VA 22903-4636

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11.1795

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JOAN ZUMWALDT

Mailing Address 2809 GRAY FOX LANE

City State Zip Code
JACKSONVILLE AR 72076-2628

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
414.69

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.1481

Amount of Each Receipt this Period
414.69

CONTRIBUTION

IN KIND- FOOD AND BEVERAGES

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

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

1014.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
ARKANSAS SURGICAL HOSPITAL, LLC

Mailing Address 5201 NORTSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1901

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

SEE PARTNER ATTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
DR. JAMES R. ADAMETZ

Mailing Address 5201 NORTSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer Occupation
 ARKANSAS SURGICAL HOSPITAL, L.L.C. PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
207.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1905

Amount of Each Receipt this Period
 207.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

C. Full Name (Last, First, Middle Initial)
DR. SCOTT BOWEN

Mailing Address 4809 COUNTRY CLUB BLVD

City LITTLE ROCK State AR Zip Code 72207-4719

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

Name of Employer Occupation
 ARKANSAS SURGICAL HOSPITAL, L.L.C. PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1207.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1902

Amount of Each Receipt this Period
 207.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. RHYS BRANMAN

Mailing Address 5201 NORTSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
105.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1912

Amount of Each Receipt this Period
 105.00

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

B. Full Name (Last, First, Middle Initial)
DR. MICHAEL CALHOUN

Mailing Address 5201 NORTSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
157.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1913

Amount of Each Receipt this Period
 157.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

C. Full Name (Last, First, Middle Initial)
DR. JOHN CHEAIRS

Mailing Address 5201 NORTSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
27.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1914

Amount of Each Receipt this Period
 27.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. THOMAS HART

Mailing Address 5201 NORTHSIDE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
207.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1915

Amount of Each Receipt this Period
 207.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

B. Full Name (Last, First, Middle Initial)
DR. BILL HEFLEY

Mailing Address 5201 NORTHSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
207.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1909

Amount of Each Receipt this Period
 207.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

C. Full Name (Last, First, Middle Initial)
DR. RICHARD JORDAN

Mailing Address 5201 NORTHSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
157.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1908

Amount of Each Receipt this Period
 157.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. JERRY J. LORIO

Mailing Address 5201 NORTHSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
105.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1911

Amount of Each Receipt this Period
105.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

B. Full Name (Last, First, Middle Initial)
DR. KENNETH A. MARTIN

Mailing Address 5 PLATTE COURT

City MAUMELLE State AR Zip Code 72113-6553

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1903

Amount of Each Receipt this Period
260.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

C. Full Name (Last, First, Middle Initial)
DR. ZACHARY MASON

Mailing Address 5201 NORTHSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1904

Amount of Each Receipt this Period
260.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 190
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. DAVID M. RHODES

Mailing Address 5201 NORTSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
207.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1906

Amount of Each Receipt this Period
 207.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

B. Full Name (Last, First, Middle Initial)
DR. REZA SHAHIM

Mailing Address 5201 NORTSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
207.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1907

Amount of Each Receipt this Period
 207.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

C. Full Name (Last, First, Middle Initial)
DR. JASON G. STEWART

Mailing Address 5201 NORTSHORE DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72118-5312

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

Name of Employer ARKANSAS SURGICAL HOSPITAL, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
182.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.1910

Amount of Each Receipt this Period
 182.50

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION FROM ARKANSAS SURGICAL HOSPITAL, LLC

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 190	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
ROONEY & ASSOCIATES COMMUNICATIONS, LLC

Mailing Address 17 PHEASANT RUN

City PLEASANTVILLE State NY Zip Code 10570-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1920

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

SEE PARTNER ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TERRY ROONEY

Mailing Address 17 PHEASANT RUN

City PLEASANTVILLE State NY Zip Code 10570-2512

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

Name of Employer Occupation
ROONEY AND ASSOCIATES C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1921

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP ATTRIBUTION FROM ROONEY & ASSOCIATES

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2600.00

257040.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 190	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 11e 15		

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
CRAIGHEAD COUNTY REPUBLICAN COMMITTEE

Mailing Address P.O. BOX 9

City State Zip Code
JONESBORO AR 72403-0009

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11.1884

Amount of Each Receipt this Period
250.00
CONTRIBUTION

LOCAL PARTY COMMITTEE - CONFIRMED ALL FUNDS ARE FEDERALLY PERMISSIBLE

B. Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF ARKANSAS

Mailing Address 1201 WEST 6TH STREET

City State Zip Code
LITTLE ROCK AR 72201-3019

FEC ID number of contributing federal political committee. **C C00084954**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11.1727

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WHITE COUNTY REPUBLICAN COMMITTEE

Mailing Address P.O. BOX 1963

City State Zip Code
SEARCY AR 72145-1963

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11.1630

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

LOCAL PARTY COMMITTEE - CONFIRMED THAT ALL FUNDS ARE FEDERALLY PERMISSIBLE

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

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

6250.00

6250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
CRAWFORD FOR CONGRESS

Mailing Address P.O. BOX 16956

City State Zip Code
JONESBORO AR 72403-6716

FEC ID number of contributing federal political committee. **C C00462374**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1835

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEPHEN FINCHER FOR CONGRESS

Mailing Address P.O. BOX 11153

City State Zip Code
JACKSON TN 38302-

FEC ID number of contributing federal political committee. **C C00466854**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1819

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WOMACK FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 508

City State Zip Code
ROGERS AR 72757-0508

FEC ID number of contributing federal political committee. **C C00477745**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11.1622

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) AKSM UROLOGY PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 100 W 3RD AVE SUITE 350		Transaction ID : SA11.1679
City COLUMBUS	State OH	
FEC ID number of contributing federal political committee. C C00489419		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12000.00	SEE REDESIGNATION

Full Name (Last, First, Middle Initial) AKSM UROLOGY PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 100 W 3RD AVE SUITE 350		Transaction ID : SA11.1846
City COLUMBUS	State OH	
FEC ID number of contributing federal political committee. C C00489419		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12000.00	\$2,000 REFUNDED

Full Name (Last, First, Middle Initial) AKSM UROLOGY PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 100 W 3RD AVENUE SUITE 350		Transaction ID : SA11.1944
City COLUMBUS	State OH	
FEC ID number of contributing federal political committee. C C00489419		Amount of Each Receipt this Period -2000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12000.00	REDESIGNATION FROM PRIMARY ELECTION

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 190	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
AKSM UROLOGY PAC

Mailing Address **100 W 3RD AVENUE
SUITE 350**

City **COLUMBUS** State **OH** Zip Code **43201**

FEC ID number of contributing federal political committee. **C C00489419**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
12000.00

Date of Receipt
05 / 22 / 2014

Transaction ID : SA11.1945

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

REDESIGNATION TO GENERAL ELECTION

B. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address **919 EIGHTEENTH STREET NW
SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20006-5526**

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
05 / 15 / 2014

Transaction ID : SA11.1512

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ARKANSAS FOR LEADERSHIP PAC

Mailing Address **P.O. BOX 1672**

City **ALEXANDRIA** State **VA** Zip Code **22313-1672**

FEC ID number of contributing federal political committee. **C C00413948**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
06 / 27 / 2014

Transaction ID : SA11.1798

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address **4400 FIRST STREET, N.W.
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20001-**

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11.1799

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BANCORPSOUTH BANK PAC

Mailing Address **P.O. BOX 789**

City **TUPELO** State **MS** Zip Code **38802-0789**

FEC ID number of contributing federal political committee. **C C00183962**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.1857

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address **100 N.E. ADAMS STREET**

City **PEORIA** State **IL** Zip Code **61629-0001**

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11.1510

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

10000.00

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 N.E. ADAMS STREET

City Peoria State IL Zip Code 61629-0001

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11.1552

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 N.E. ADAMS STREET

City Peoria State IL Zip Code 61629-0001

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11.1797

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COMMITTEE FOR ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City Cordova State TN Zip Code 38088-2995

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11.1790

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC

Mailing Address 12176 CHANCERY STATION CIRCLE

City RESTON State VA Zip Code 20190-5803

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11.1796

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COVINGTON AND BURLING L.L.P. PAC

Mailing Address 1201 PENNSYLVANIA AVENUE, N.W.

City WASHINGTON State DC Zip Code 20004-2401

FEC ID number of contributing federal political committee. **C** C00462630

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1825

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FIRST IN FREEDOM PAC

Mailing Address P.O. BOX 6507

City CONCORD State NC Zip Code 28027-1526

FEC ID number of contributing federal political committee. **C** C00540146

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.1827

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
FREEDOM AND SECURITY PAC

Mailing Address **228 S. WASHINGTON STREET**
SUITE 115

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00437061**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.1648

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MURPHY OIL CORPORATION PAC

Mailing Address **P.O. BOX 602**

City **EL DORADO** State **AR** Zip Code **71731-0602**

FEC ID number of contributing federal political committee. **C C00145722**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11.1563

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
N.F.I.B. SAVE AMERICA'S FREE ENTERPRISE PAC

Mailing Address **1201 F STREET, NW**
SUITE 200

City **WASHINGTON** State **DC** Zip Code **20004-1221**

FEC ID number of contributing federal political committee. **C C00101105**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1820

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

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

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

_____ 6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
N.R.A.-POLITICAL VICTORY FUND

Mailing Address **410 FIRST STREET, S.E.**

City **WASHINGTON** State **DC** Zip Code **20003-1819**

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1821

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. P

Mailing Address **1875 I STREET, N.W.
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20006-5413**

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1828

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL

Mailing Address **1152 FIFTEENTH STREET, N.W.
SUITE 430**

City **WASHINGTON** State **DC** Zip Code **20005-1790**

FEC ID number of contributing federal political committee. **C C00034272**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.1822

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 190
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. NATIONAL RETAIL FEDERATION PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1101 NEW YORK AVENUE, N.W. SUITE 1200		Transaction ID : SA11.1831
City WASHINGTON State DC Zip Code 20005-4269	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C C00040329	Name of Employer Occupation	Amount of Each Receipt this Period CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. PROSPERITY ACTION, INC.		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1006 PENDLETON STREET		Transaction ID : SA11.1508
City ALEXANDRIA State VA Zip Code 22314-1837	Amount of Each Receipt this Period 5000.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C C00377689	Name of Employer Occupation	Amount of Each Receipt this Period CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. REGIONS FINANCIAL CORPORATION PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1015 15TH STREET, N.W. SUITE 920		Transaction ID : SA11.1834
City WASHINGTON State DC Zip Code 20005-2623	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C C00432252	Name of Employer Occupation	Amount of Each Receipt this Period CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	7000.00

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

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

FOR LINE NUMBER: PAGE 121 OF 190
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
SPECTRA ENERGY CORPORATION PAC

Mailing Address 20 F STREET, NW
SUITE 550

City WASHINGTON State DC Zip Code 20001-6705

FEC ID number of contributing federal political committee. **C C00429662**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.1578

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

B. Full Name (Last, First, Middle Initial)
THE FREEDOM PROJECT

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1838

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11.1577

Amount of Each Receipt this Period
CONTRIBUTION
5000.00

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11.1436

Amount of Each Receipt this Period
CONTRIBUTION
2500.00

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

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

8500.00

63000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. POLITICAL ANIMALS

Mailing Address 1 RIVERFRONT PLACE
SUITE 610

City NORTH LITTLE ROCK State AR Zip Code 72114

Purpose of Disbursement
EVENT PARTICIPATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 21 / 2014

Amount of Each Disbursement this Period
460.00

Transaction ID : SB17.I729

Category/Type

Full Name (Last, First, Middle Initial)
B. SALEM FIRE DEPARTMENT

Mailing Address 1785 SALEM ROAD

City BENTON State AR Zip Code 72019

Purpose of Disbursement
EVENT PARTICIPATION - BOOTH RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 29 / 2014

Amount of Each Disbursement this Period
25.00

Transaction ID : SB17.I731

Category/Type

Full Name (Last, First, Middle Initial)
C. MARY ASHLEIGH BIERBAUM

Mailing Address 2010 REBSAMEN PARK ROAD
#110

City LITTLE ROCK State AR Zip Code 72202

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 15 / 2014

Amount of Each Disbursement this Period
1250.00

Transaction ID : SB17.I617

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 1735.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MARY ASHLEIGH BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 2010 REBSAMEN PARK ROAD #110		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.I673
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARY ASHLEIGH BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 2010 REBSAMEN PARK ROAD #110		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.I736
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARY ASHLEIGH BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2010 REBSAMEN PARK ROAD #110		Amount of Each Disbursement this Period 3750.00 Transaction ID : SB17.I741
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. BRUCE BOREGERSON			Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014		
Mailing Address 4612 CLUB ROAD			Amount of Each Disbursement this Period 98.90		
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I739		
Purpose of Disbursement REIMBURSEMENT - CAMPAIGN EVENT		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. MR. CURT GREEN			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 3416 JACK CULLEN DRIVE			Amount of Each Disbursement this Period 1188.04		
City TEXARKANA	State AR	Zip Code 71854-2548	Transaction ID : SB17.1529		
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		IN-KIND CONTRIBUTION - FOOD AND BEVERAGES		
State: District:					

Full Name (Last, First, Middle Initial) C. MRS. MARTHA HILL			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014		
Mailing Address 7 CANTRELL ROAD			Amount of Each Disbursement this Period 148.00		
City LITTLE ROCK	State AR	Zip Code 72207-2005	Transaction ID : SB17.1728		
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		IN KIND- FOOD AND BEVERAGES		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1434.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MRS. MARTHA HILL		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 7 CANTRELL ROAD		Amount of Each Disbursement this Period 294.00 Transaction ID : SB17.I602
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement REIMBURSEMENT FOR POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CATHERINE L LANIER		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 3901 FOXCROFT ROAD		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.I615
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CATHERINE L LANIER		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3901 FOXCROFT ROAD		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.I671
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3794.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CATHERINE L LANIER		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3901 FOXCROFT ROAD		Amount of Each Disbursement this Period 32.47
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement REIMBURSEMENT - MEALS	Transaction ID : SB17.I733
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CATHERINE L LANIER		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 3901 FOXCROFT ROAD		Amount of Each Disbursement this Period 1750.00
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I735
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CATHERINE L LANIER		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 3901 FOXCROFT ROAD		Amount of Each Disbursement this Period 1750.00
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I740
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3532.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. STEVE LUCCHI		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 8 MCKINLEY CIRCLE		Amount of Each Disbursement this Period 500.00
City LITTLE ROCK	State AR	Zip Code 72207-6333
Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1564	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND - FOOD AND BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) B. MR. RYAN O'CONNOR		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 401 WEST CAPITOL SUITE 200		Amount of Each Disbursement this Period 155.66
City LITTLE ROCK	State AR	Zip Code 72201-3444
Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1537	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. WILL ROCKEFELLER		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address P.O. BOX 3157		Amount of Each Disbursement this Period 650.00
City LITTLE ROCK	State AR	Zip Code 72203-3157
Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1431	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND- FOOD AND BEVERAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1305.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. WIN P. ROCKEFELLER		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address P.O. BOX 3157		Amount of Each Disbursement this Period 650.00
City LITTLE ROCK	State AR	
Zip Code 72203-3157	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1444
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND- FOOD AND BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) B. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 2500.00
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I616
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 2500.00
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I672
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 3750.00 Transaction ID : SB17.I737
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.I742
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. MR. PATRICK STEELE		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 460 BAHAMA DRIVE		Amount of Each Disbursement this Period 48.94 Transaction ID : SB17.I734
City INDIALANTIC	State FL	
Zip Code 32903	Purpose of Disbursement REIMBURSEMENT - MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5048.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. PATRICK STEELE		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 460 BAHAMA DRIVE		Amount of Each Disbursement this Period 14.71
City INDIALANTIC	State FL	
Zip Code 32903	Purpose of Disbursement REIMBURSEMENT - MEALS	Transaction ID : SB17.I738
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. LARRY WALTHER		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 6 CASCADES DRIVE		Amount of Each Disbursement this Period 680.00
City LITTLE ROCK	State AR	
Zip Code 72212	Purpose of Disbursement REIMBURSEMENT FOR POSTAGE	Transaction ID : SB17.I601
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. LARRY T. WILSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address #3 NIXON DRIVE		Amount of Each Disbursement this Period 414.69
City JACKSONVILLE	State AR	
Zip Code 72076-5516	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1472
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND- FOOD AND BEVERAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1109.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MS. JOAN ZUMWALDT		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 2809 GRAY FOX LANE		Amount of Each Disbursement this Period 414.69
City JACKSONVILLE	State AR Zip Code 72076-2628	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	Transaction ID : SB17.1481
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	IN KIND- FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial) B. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 1924.41
City LITTLE ROCK	State AR Zip Code 72204	
Purpose of Disbursement PRINTING	Candidate Name	Transaction ID : SB17.I619
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 2242.28
City LITTLE ROCK	State AR Zip Code 72204	
Purpose of Disbursement PRINTING	Candidate Name	Transaction ID : SB17.I629
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4581.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I582
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 0.69 Transaction ID : SB17.I583
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.I584
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	16.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I586
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I587
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 8.10 Transaction ID : SB17.I588
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	48.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 8.10 Transaction ID : SB17.I589
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I590
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I591
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	30.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I592
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I593
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I594
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I595
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I596
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I597
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	25.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I598
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I599
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I600
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	12.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I603
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I604
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I605
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	28.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I606
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I607
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I618
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	53.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I621
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I622
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I623
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	41.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014		
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 4.20		
City BATON ROUGE	State LA	Zip Code 70801	Transaction ID : SB17.I624		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014		
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 10.05		
City BATON ROUGE	State LA	Zip Code 70801	Transaction ID : SB17.I625		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014		
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 10.05		
City BATON ROUGE	State LA	Zip Code 70801	Transaction ID : SB17.I626		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	24.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I644
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I645
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I646
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	45.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I647
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I649
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I650
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I651
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I652
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I657
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	160.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I658
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I659
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I660
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	145.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I661
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 0.69 Transaction ID : SB17.I662
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I663
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	12.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70 Transaction ID : SB17.I664
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70 Transaction ID : SB17.I665
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I668
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	207.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I674
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 8.10
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I675
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 0.69
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I676
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	48.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70 Transaction ID : SB17.I677
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70 Transaction ID : SB17.I678
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I679
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	213.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I680
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I681
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I682
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	44.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 6.15 Transaction ID : SB17.I683
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I684
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I685
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	65.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement MM / DD / YYYY 06 / 08 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I686
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I687
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I688
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	63.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 98.40 Transaction ID : SB17.I689
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 98.40 Transaction ID : SB17.I690
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 58.80 Transaction ID : SB17.I691
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	98.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 190			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 3.22
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	124.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I695
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I696
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I697
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	49.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I698
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I699
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I700
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	49.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I701
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I702
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I703
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I704
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I705
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70 Transaction ID : SB17.I706
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	115.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 159 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I707
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I708
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I709
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	26.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CAJUNS WHARF		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 2400 CANTRELL ROAD		Amount of Each Disbursement this Period 1399.34
City LITTLE ROCK	State AR Zip Code 72202	
Purpose of Disbursement CATERING EXPENSE	Category/Type	Transaction ID : SB17.I710
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement COMPLIANCE SOFTWARE	Category/Type	Transaction ID : SB17.I654
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN MAIL & DATA, INC. DBA CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement COMPLIANCE SOFTWARE	Category/Type	Transaction ID : SB17.I711
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2995.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 161 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CANON SOLUTIONS AMERICA, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 721 WEST 9TH STREET		Amount of Each Disbursement this Period 84.41
City LITTLE ROCK	State AR Zip Code 72201	
Purpose of Disbursement EQUIPMENT RENTAL - PRINTER	Category/Type	Transaction ID : SB17.I653
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CANON SOLUTIONS AMERICA, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 721 WEST 9TH STREET		Amount of Each Disbursement this Period 94.00
City LITTLE ROCK	State AR Zip Code 72201	
Purpose of Disbursement EQUIPMENT RENTAL - PRINTER	Category/Type	Transaction ID : SB17.I712
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1701 JOHN F KENNEDY BOULEVARD		Amount of Each Disbursement this Period 106.32
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement OFFICE EXPENSE- INTERNET	Category/Type	Transaction ID : SB17.I608
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	284.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 162 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. COMCAST

Mailing Address 1701 JOHN F KENNEDY BOULEVARD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement OFFICE EXPENSE - INTERNET

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 29 / 2014

Amount of Each Disbursement this Period: 106.32

Transaction ID : SB17.I713

Full Name (Last, First, Middle Initial)
B. CRESTVIEW PROPERTIES, INC.

Mailing Address 3700 KAVANAUGH BOULEVARD SUITE A

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement OFFICE RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 15 / 2014

Amount of Each Disbursement this Period: 1200.00

Transaction ID : SB17.I609

Full Name (Last, First, Middle Initial)
C. CRESTVIEW PROPERTIES, INC.

Mailing Address 3700 KAVANAUGH BOULEVARD SUITE A

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement OFFICE RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 1200.00

Transaction ID : SB17.I714

SUBTOTAL of Disbursements This Page (optional)..... 2506.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 163 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. DELTA TRUST BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 11700 CANTRELL ROAD		Amount of Each Disbursement this Period 5.00 Transaction ID : SB17.I610
City LITTLE ROCK	State AR Zip Code 72223	
Purpose of Disbursement BANK FEE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 75.50 Transaction ID : SB17.I585
City GREENWOOD VILLAGE	State CO Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 6.33 Transaction ID : SB17.I627
City GREENWOOD VILLAGE	State CO Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	86.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 190		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.50 Transaction ID : SB17.I628
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.12 Transaction ID : SB17.I648
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 23.68 Transaction ID : SB17.I715
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	24.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 165 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 1.92 Transaction ID : SB17.I716
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 71.80 Transaction ID : SB17.I717
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.12 Transaction ID : SB17.I718
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	73.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 9.00 Transaction ID : SB17.I719
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 8.95 Transaction ID : SB17.I720
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.03 Transaction ID : SB17.I721
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. FLASH MARKET

Mailing Address 3405 ATWOOD ROAD

City LITTLE ROCK State AR Zip Code 72206

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 28 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.I756

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT 5/28/14

Full Name (Last, First, Middle Initial)
B. HARLAND CLARKE

Mailing Address 10931 LAUREATE DRIVE

City SAN ANTONIO State TX Zip Code 78249

Purpose of Disbursement OFFICE EXPENSE- CHECKS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 29 / 2014

Amount of Each Disbursement this Period: 20.92

Transaction ID : SB17.I667

Full Name (Last, First, Middle Initial)
C. HARLAND CLARKE

Mailing Address 10931 LAUREATE DRIVE

City SAN ANTONIO State TX Zip Code 78249

Purpose of Disbursement OFFICE EXPENSE - CHECKS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 11 / 2014

Amount of Each Disbursement this Period: 187.57

Transaction ID : SB17.I743

SUBTOTAL of Disbursements This Page (optional)..... 208.49

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. IMPACT MANAGEMENT		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 124 WEST CAPITOL AVENUE SUITE 1886		Amount of Each Disbursement this Period 20013.37 Transaction ID : SB17.I611
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement DIRECT MAIL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. IMPACT MANAGEMENT		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 124 WEST CAPITOL AVENUE SUITE 1886		Amount of Each Disbursement this Period 896.98 Transaction ID : SB17.I630
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement GOTV PHONE CALLS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. IMPACT MANAGEMENT		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 124 WEST CAPITOL AVENUE SUITE 1886		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I666
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement POLLING RESEARCH	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	25910.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 169 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. IMPACT MANAGEMENT

Full Name (Last, First, Middle Initial)
Mailing Address 124 WEST CAPITOL AVENUE
SUITE 1886

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement GOTV PHONE CALLS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 04 / 2014

Amount of Each Disbursement this Period: 304.43

Transaction ID : SB17.I722

B. IMPACT MANAGEMENT

Full Name (Last, First, Middle Initial)
Mailing Address 124 WEST CAPITOL AVENUE
SUITE 1886

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement DIRECT MAIL AND RESEARCH

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 11 / 2014

Amount of Each Disbursement this Period: 6000.00

Transaction ID : SB17.I723

C. LAKE NORRELL AREA ASSOCIATION

Full Name (Last, First, Middle Initial)
Mailing Address 5217 BASS ROAD

City ALEXANDER State AR Zip Code 72002

Purpose of Disbursement EVENT PARTICIPATION - BOAT PARADE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 29 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.I724

SUBTOTAL of Disbursements This Page (optional) 6554.43

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 170 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MITCHELL WILLIAMS LAW		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 425 WEST CAPITOL AVENUE		Amount of Each Disbursement this Period 2077.12
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement CONSULTANTS - LEGAL	Transaction ID : SB17.I620
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MITCHELL WILLIAMS LAW		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 425 WEST CAPITOL AVENUE		Amount of Each Disbursement this Period 235.72
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement CONSULTANTS - LEGAL	Transaction ID : SB17.I631
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 39.20
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I786
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 5/28/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2312.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 190			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER	State NY	Zip Code 14625	Amount of Each Disbursement this Period 470.76
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.I612
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER	State NY	Zip Code 14625	Amount of Each Disbursement this Period 65.00
Purpose of Disbursement PAYROLL PROCESSING FEES		Category/ Type	Transaction ID : SB17.I613
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER	State NY	Zip Code 14625	Amount of Each Disbursement this Period 450.76
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.I669
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	986.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 172 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.I670	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name State: District:		State: District:	

Full Name (Last, First, Middle Initial) B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.I725	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name State: District:		State: District:	

Full Name (Last, First, Middle Initial) C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 516.39 Transaction ID : SB17.I726	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name State: District:		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	646.39
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 173 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address **911 PANORAMA TRAIL SOUTH**

City **ROCHESTER** State **NY** Zip Code **14625**

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement: **06 / 30 / 2014**

Amount of Each Disbursement this Period: **65.00**

Transaction ID : **SB17.I727**

B. Full Name (Last, First, Middle Initial)
PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address **911 PANORAMA TRAIL SOUTH**

City **ROCHESTER** State **NY** Zip Code **14625**

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement: **06 / 30 / 2014**

Amount of Each Disbursement this Period: **516.39**

Transaction ID : **SB17.I728**

C. Full Name (Last, First, Middle Initial)
RED RIGHT STRATEGIES

Mailing Address **P.O. BOX 600254**

City **DALLAS** State **TX** Zip Code **75360**

Purpose of Disbursement
CONSULTANTS - DIGITAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement: **05 / 15 / 2014**

Amount of Each Disbursement this Period: **1584.14**

Transaction ID : **SB17.I614**

SUBTOTAL of Disbursements This Page (optional) **2165.53**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 174 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. RED RIGHT STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address P.O. BOX 600254		Amount of Each Disbursement this Period 450.18 Transaction ID : SB17.I632
City DALLAS State TX Zip Code 75360	Purpose of Disbursement CONSULTANTS - DIGITAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RED RIGHT STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address P.O. BOX 600254		Amount of Each Disbursement this Period 1100.45 Transaction ID : SB17.I730
City DALLAS State TX Zip Code 75360	Purpose of Disbursement CONSULTANTS - DIGITAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SALINE COUNTY GOP		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 125 NORTH MARKET STREET		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.I580
City BENTON State AR Zip Code 72015	Purpose of Disbursement EVENT PARTICIPATION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1800.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 175 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 1871.93 Transaction ID : SB17.I633
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT- SEE MEMOS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ARKANSAS DEMOCRAT GAZETTE		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 121 E. CAPITOL AVE.		Amount of Each Disbursement this Period 13.05 Transaction ID : SB17.I765
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT 6/20/14

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 55.15 Transaction ID : SB17.I766
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement TELEPHONE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT 6/20/14

SUBTOTAL of Disbursements This Page (optional).....	1871.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 176 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. COPPER GRILL

Mailing Address **3RD & CUMBERLAND STREETS**

City **LITTLE ROCK** State **AR** Zip Code **72201**

Purpose of Disbursement **MEALS**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: **06 / 20 / 2014**

Amount of Each Disbursement this Period: **35.70**

Transaction ID : **SB17.I768**

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT
06/20/2014

Full Name (Last, First, Middle Initial)
B. E-Z MART

Mailing Address **2804 KAVANAUGH BLVD**

City **LITTLE ROCK** State **AR** Zip Code **72205**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: **06 / 20 / 2014**

Amount of Each Disbursement this Period: **31.04**

Transaction ID : **SB17.I770**

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT
06/20/2014

Full Name (Last, First, Middle Initial)
C. KROGER

Mailing Address **14000 CANTRELL RD**

City **LITTLE ROCK** State **AR** Zip Code **72223**

Purpose of Disbursement **OFFICE SUPPLIES**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: **06 / 20 / 2014**

Amount of Each Disbursement this Period: **81.75**

Transaction ID : **SB17.I774**

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT
05/23/2014

SUBTOTAL of Disbursements This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 177 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 267.05
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I775
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/23/2014
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 266.73
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I776
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/23/2014
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 26.14
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I777
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 178 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 176.75
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I778
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 245.00
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I779
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 117.20
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I780
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 9.81
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I781
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 10.67
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I782
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

Full Name (Last, First, Middle Initial) C. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 490.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I785
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 6/20/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2510 CANTRELL ROAD		Amount of Each Disbursement this Period 45.89
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I784
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 2808.76
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT- SEE MEMOS	Transaction ID : SB17.I634
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

Full Name (Last, First, Middle Initial) C. BOB'S GRILL		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 1112 OAK ST		Amount of Each Disbursement this Period 36.21
City CONWAY	State AR	
Zip Code 72032	Purpose of Disbursement MEALS	Transaction ID : SB17.I767
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2808.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 181 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. EMBASSY SUITES

Mailing Address **900 10TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20001**

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 20 / 2014

Amount of Each Disbursement this Period
1218.73

Transaction ID : **SB17.I769**

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT
06/20/2014

Full Name (Last, First, Middle Initial)
B. FACEBOOK ADVERTISING

Mailing Address **1601 WILLOW ROAD**

City **MENLO PARK** State **CA** Zip Code **94025**

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 20 / 2014

Amount of Each Disbursement this Period
553.82

Transaction ID : **SB17.I771**

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT
06/20/2014

Full Name (Last, First, Middle Initial)
C. GOOGLE ADS

Mailing Address **1600 AMPHITHEATRE PARKWAY**

City **MOUNTAIN VIEW** State **CA** Zip Code **94043**

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 20 / 2014

Amount of Each Disbursement this Period
500.00

Transaction ID : **SB17.I772**

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT
06/20/2014

SUBTOTAL of Disbursements This Page (optional)..... **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. GOOGLE ADS		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 500.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.I773
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 06/20/2014

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 3688.73
City TULSA State OK Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS	
Candidate Name	Category/Type	Transaction ID : SB17.I655
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ACE HARDWARE		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2516 CANTRELL ROAD SUITE H		Amount of Each Disbursement this Period 15.76
City LITTLE ROCK State AR Zip Code 72223	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I762
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014

SUBTOTAL of Disbursements This Page (optional).....	3688.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. AIRPORT PARKING		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1 AIRPORT DRIVE		Amount of Each Disbursement this Period 60.00
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I744
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/28/14
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICANS FOR PROSPERITY- ARKANSAS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1400 WEST MARKHAM STREET SUITE 400		Amount of Each Disbursement this Period 50.00
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement EVENT PARTICIPATION	Transaction ID : SB17.I749
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/28/14
State: District:		

Full Name (Last, First, Middle Initial) C. ARKANSAS REBAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1222 AIRLINE		Amount of Each Disbursement this Period 205.85
City BENTON	State AR	
Zip Code 72015	Purpose of Disbursement SIGN SUPPLIES	Transaction ID : SB17.I747
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/28/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ARKANSAS REBAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1222 AIRLANE		Amount of Each Disbursement this Period 261.60
City BENTON	State AR Zip Code 72015	
Purpose of Disbursement SIGN SUPPLIES	Candidate Name	Transaction ID : SB17.I752
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 50.00
City DALLAS	State TX Zip Code 75202	
Purpose of Disbursement TELEPHONE	Candidate Name	Transaction ID : SB17.I754
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014

Full Name (Last, First, Middle Initial) C. E- Z MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2804 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 100.00
City LITTLE ROCK	State AR Zip Code 72205	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB17.I760
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. FACEBOOK ADVERTISING

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 28 / 2014

Amount of Each Disbursement this Period: 621.90

Transaction ID : SB17.I745

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 5/28/14

Full Name (Last, First, Middle Initial)
B. GOOGLE ADS

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 28 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.I746

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 5/28/14

Full Name (Last, First, Middle Initial)
C. GOOGLE ADS

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 28 / 2014

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.I757

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MAUMELLE CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO BOX 13099		Amount of Each Disbursement this Period 35.00
City MAUMELLE	State AR Zip Code 72113	
Purpose of Disbursement EVENT PARTICIPATION	Candidate Name	Transaction ID : SB17.I755
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 13.71
City LITTLE ROCK	State AR Zip Code 72223	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Transaction ID : SB17.I748
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 5/28/14

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 53.92
City LITTLE ROCK	State AR Zip Code 72202	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Transaction ID : SB17.I759
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 83.37
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I763
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014
State: District:		

Full Name (Last, First, Middle Initial) B. PCS MARKETING GROUP, L.L.C.		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2534 COMMERCE BLVD.		Amount of Each Disbursement this Period 58.65
City CINCINNATI	State OH	
Zip Code 45241	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I761
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO BOX 36647-1CR		Amount of Each Disbursement this Period 1222.00
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I764
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. USPS POSTAGE		M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period	
City LITTLE ROCK State AR Zip Code 72207		245.00	
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I750	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		ITEMIZED CREDIT CARD PAYMENT 5/28/14	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. WAL- MART		M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 2510 CANTRELL ROAD		Amount of Each Disbursement this Period	
City LITTLE ROCK State AR Zip Code 72202		22.77	
Purpose of Disbursement OFFICE SUPPLIES		Transaction ID : SB17.I753	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		ITEMIZED CREDIT CARD DISBURSEMENT 05/28/2014	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. SECURITY BANKCARD		M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period	
City TULSA State OK Zip Code 74121		112.00	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS		Transaction ID : SB17.I656	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	112.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 189 OF 190	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. AMTRAK

Mailing Address 1400 W MARKHAM STREET

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 28 / 2014

Amount of Each Disbursement this Period: 12.00

Transaction ID : SB17.I751

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT 5/28/14

Full Name (Last, First, Middle Initial)
B. THE WICKERS GROUP

Mailing Address 1819 POLK STREET #373

City SAN FRANCISCO State CA Zip Code 94109

Purpose of Disbursement MEDIA EXPENSE - TELEVISION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 160000.00

Transaction ID : SB17.I581

Full Name (Last, First, Middle Initial)
C. TIM GRIFFIN FOR ARKANSAS

Mailing Address P.O. BOX 7546

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement MAILING LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 29 / 2014

Amount of Each Disbursement this Period: 67.95

Transaction ID : SB17.I732

SUBTOTAL of Disbursements This Page (optional)..... 160067.95

TOTAL This Period (last page this line number only)..... 251348.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 190			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. CHRIS M. KEMP		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 711 ASH STREET APT. 8		Amount of Each Disbursement this Period 50.00
City LITTLE ROCK	State AR Zip Code 72205	
Purpose of Disbursement REFUND OF CONTRIBUTION	Category/Type	Transaction ID : SB20A.I643
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUND OF CONTRIBUTION - 5/15/2014
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		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:		

SUBTOTAL of Disbursements This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	50.00