

# 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 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 03 / 01 / 2016 in the State of AR  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 01 / 01 / 2016 through 02 / 10 / 2016

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 02 / 18 / 2016

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

**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))....	197520.00	1030522.61
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	197520.00	1030172.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	418558.38	719192.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2015.39
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	418558.38	717176.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	513347.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	180575.00	539950.00
(ii) Unitemized.....	4445.00	14645.34
(iii) TOTAL of contributions from individuals ▶	185020.00	554595.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12500.00	475927.27
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	197520.00	1030522.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	11416.37	51237.12
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	2015.39
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)..... ▶	208936.37	1083775.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	418558.38	719192.28
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 .....	0.00	350.00
(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)).....	0.00	350.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	418558.38	719542.28

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	722969.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	208936.37
25. SUBTOTAL (add Line 23 and Line 24).....	931906.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	418558.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	513347.77

**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 107
	<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)  
**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 09 / 2016**

**Transaction ID : SA11.4248**

Amount of Each Receipt this Period  
**2700.00**  
 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 09 / 2016**

**Transaction ID : SA11.4249**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BUNNY ADCOCK**

Mailing Address **1321 OAK STREET**

City **CONWAY** State **AR** Zip Code **72034-5338**

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

Name of Employer **SELF EMPLOYED** Occupation **INVESTMENTS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 15 / 2016**

**Transaction ID : SA11.4277**

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

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

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

**6400.00**

**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 107
	<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. LINDSEY WATSON ALLEN**

Mailing Address 30 EDGEHILL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5462

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.4061**

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 SCRAP METAL RECYCLING

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2016

**Transaction ID : SA11.4233**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. JAN 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  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2016

**Transaction ID : SA11.4427**

Amount of Each Receipt this Period  
100.00  
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 7 OF 107
	<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. LARRY ALMAN**

Mailing Address **6 RIVER OAKS CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1702**

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

Name of Employer **SOL ALMAN COMPANY** Occupation **SCRAP METAL RECYCLING**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 06 / 2016**

**Transaction ID : SA11.4226**

Amount of Each Receipt this Period  
**1700.00**

CONTRIBUTION

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

Mailing Address **6 RIVER OAKS CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1702**

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

Name of Employer **SOL ALMAN COMPANY** Occupation **SCRAP METAL RECYCLING**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 06 / 2016**

**Transaction ID : SA11.4483**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JOYCE BABIN**

Mailing Address **5610 HAWTHORNE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-4308**

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

Name of Employer **JOYCE BABIN, TRUSTEE** Occupation **ATTORNEY AT LAW**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 06 / 2016**

**Transaction ID : SA11.4428**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

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

**2800.00**

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

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

FOR LINE NUMBER: PAGE 8 OF 107  
(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. TERRY BENHAM**

Mailing Address 5815 MEDITERRANEAN BOULEVARD

City State Zip Code  
BENTON AR 72019-6574

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

Name of Employer Occupation  
IMPACT MANAGEMENT CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

**Transaction ID : SA11.4308**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY KEMPER BEST**

Mailing Address 9762 AUDUBON PLACE

City State Zip Code  
DALLAS TX 75220-2011

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2016

**Transaction ID : SA11.4325**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY KEMPER BEST**

Mailing Address 9762 AUDUBON PLACE

City State Zip Code  
DALLAS TX 75220-2011

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2016

**Transaction ID : SA11.4326**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

5700.00



**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 107
	<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. THOMAS BLACKMON**

Mailing Address 32 EDGEHILL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5462

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

Name of Employer Occupation  
BLACKMON AUCTIONS AUCTIONEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11.4304**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 5618 EDGEWOOD ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5314

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

Name of Employer Occupation  
STEPHENS, INC. MANAGING DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

**Transaction ID : SA11.4361**

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 State Zip Code  
LITTLE ROCK AR 72207-1854

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

Name of Employer Occupation  
CAPITAL PROPERTIES PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11.4393**

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: PAGE 10 OF 107  
(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. ROGER BOLHOUSE**

Mailing Address 10 NORTHWEST COURT

City State Zip Code  
LITTLE ROCK AR 72212-1514

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

Name of Employer Occupation  
SPECKIN FORENSICS CRIME LAB DIRECTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

**Transaction ID : SA11.4391**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 13101 BART MORELAND DRIVE

City State Zip Code  
ROLAND AR 72135-8014

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

Name of Employer Occupation  
CORNERSTONE BUSINESS ADVISORS PRINCIPAL

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2016

**Transaction ID : SA11.4338**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BETH BRIDGEFORTH**

Mailing Address 3005 FORREST LAKE RD

City State Zip Code  
FORREST CITY AR 72335-2542

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

Name of Employer Occupation  
JOHN D. BRIDGEFORTH ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2016

**Transaction ID : SA11.4251**

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: PAGE 11 OF 107  
(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. PORTER BRIGGS**

Mailing Address 31 EDGEHILL

City State Zip Code  
LITTLE ROCK AR 72207-5461

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

Name of Employer Occupation  
A. BRIGGS PASSPORT AND VISA EXPEDITO OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2016

**Transaction ID : SA11.4412**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. BOB BROOKS**

Mailing Address 5 TALMONT PLACE

City State Zip Code  
LITTLE ROCK AR 72223-9054

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

Name of Employer Occupation  
ALPINE GROUP, INC. EXECUTIVE VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2016

**Transaction ID : SA11.4295**

Amount of Each Receipt this Period  
 1350.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. CHARLOTTE BROWN**

Mailing Address 10314 CANTRELL ROAD

City State Zip Code  
LITTLE ROCK AR 72227-1512

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11.4259**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

4300.00

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

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

FOR LINE NUMBER: PAGE 12 OF 107  
(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. HENRY C. BROWNE**

Mailing Address 5708 WARDEN RD.

City State Zip Code  
SHERWOOD AR 72120-6070

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

Name of Employer Occupation  
HANKS FINE FURNITURE OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2016

**Transaction ID : SA11.4208**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. HENRY C. BROWNE**

Mailing Address 5708 WARDEN RD.

City State Zip Code  
SHERWOOD AR 72120-6070

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

Name of Employer Occupation  
HANKS FINE FURNITURE OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2016

**Transaction ID : SA11.4209**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH LEE BROWN**

Mailing Address 2300 NORTH PALM STREET

City State Zip Code  
LITTLE ROCK AR 72207-2052

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

Name of Employer Occupation  
FRIDAY, ELDRIDGE & CLARK ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 06 / 2016

**Transaction ID : SA11.4225**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

6200.00

**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 13 OF 107

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NAME OF COMMITTEE (In Full)  
**French Hill for Arkansas**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH LEE BROWN**  
 Mailing Address 2300 NORTH PALM STREET  
 City State Zip Code  
 LITTLE ROCK AR 72207-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FRIDAY, ELDRIDGE & CLARK ATTORNEY AT LAW  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016  
**Transaction ID : SA11.4313**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CARLYN L. CANHAM**  
 Mailing Address 202 INDIANHEAD DRIVE  
 City State Zip Code  
 SHERWOOD AR 72120-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016  
**Transaction ID : SA11.4406**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C.** 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: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2016  
**Transaction ID : SA11.4430**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

800.00

**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 14 OF 107
	<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. WILLIAM P. CARLTON**

Mailing Address **7 SUNSET CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1717**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.4210**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM P. CARLTON**

Mailing Address **7 SUNSET CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1717**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.4211**

Amount of Each Receipt this Period  
**2500.00**  
 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. **C**

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 02 / 2016**

**Transaction ID : SA11.4356**

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 15 OF 107
	<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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 15 / 2016

**Transaction ID : SA11.4240**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RUSSELL CLEVELAND**

Mailing Address 8080 NORTH CENTRAL EXPRESSWAY  
SUITE 210

City State Zip Code  
DALLAS TX 75206-1818

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

Name of Employer Occupation  
RENAISSANCE CAPITAL GROUP, INC. PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2016

**Transaction ID : SA11.4315**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RUSSELL CLEVELAND**

Mailing Address 8080 NORTH CENTRAL EXPRESSWAY  
SUITE 210

City State Zip Code  
DALLAS TX 75206-1818

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

Name of Employer Occupation  
RENAISSANCE CAPITAL GROUP, INC. PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2016

**Transaction ID : SA11.4316**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

6200.00

**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 107
	<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. STUART COBB**

Mailing Address 11 SUNSET DRIVE

City: LITTLE ROCK State: AR Zip Code: 72207-1821

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 01 / 29 / 2016

**Transaction ID : SA11.4351**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DARYL E. COKER**

Mailing Address 35 BRETAGNE CIRCLE

City: LITTLE ROCK State: AR Zip Code: 72223-9115

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 01 / 29 / 2016

**Transaction ID : SA11.4340**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW COLLINS**

Mailing Address 315 ROCK STREET #1901

City: LITTLE ROCK State: AR Zip Code: 72202-5506

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 01 / 15 / 2016

**Transaction ID : SA11.4246**

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

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

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

4200.00



**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 107
	<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. SANDRA M. CONNOR**

Mailing Address 3505 TURTLE CREEK BOULEVARD  
12A

City State Zip Code  
DALLAS TX 75219-5562

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : SA11.4261**

Amount of Each Receipt this Period  
500.00  
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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : SA11.4262**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN S. COPAS**

Mailing Address 15 HICKORY HILLS CIRCLE

City State Zip Code  
LITTLE ROCK AR 72212-2766

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

Name of Employer Occupation  
BALDWIN & SHELL CONSTRUCTION CO. PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 14 / 2016

**Transaction ID : SA11.4453**

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 18 OF 107
	<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. GEORGE E. COVINGTON**

Mailing Address 1053 FRONT STREET

City CONWAY State AR Zip Code 72032-4305

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

Name of Employer COVINGTON COMPANIES Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016

**Transaction ID : SA11.4242**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE E. COVINGTON**

Mailing Address 1053 FRONT STREET

City CONWAY State AR Zip Code 72032-4305

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

Name of Employer COVINGTON COMPANIES Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11.4271**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRANK COX**

Mailing Address 5400 CHENONCEAU BOULEVARD #1010

City LITTLE ROCK State AR Zip Code 72223-4758

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

Name of Employer HENDRIX COLLEGE Occupation MARKETING EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : SA11.4366**

Amount of Each Receipt this Period  
 100.00  
 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 19 OF 107
	<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. JEANNE TOWER COX**

Mailing Address 2100 MCKINNEY AVENUE  
SUITE 100

City DALLAS State TX Zip Code 75201-6906

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016

**Transaction ID : SA11.4239**

Amount of Each Receipt this Period  
 1500.00  
 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2016

**Transaction ID : SA11.4231**

Amount of Each Receipt this Period  
 250.00  
 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016

**Transaction ID : SA11.4297**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 20 OF 107  
(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. JASON CULPEPPER**

Mailing Address P.O. BOX 279

City State Zip Code  
CONWAY AR 72033-0279

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

Name of Employer Occupation  
REGIONS BANK CITY PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11.4267**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. DAN DAVIDSON**

Mailing Address 7 EDGEHILL ROAD

City State Zip Code  
SEARCY AR 72143-9488

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : SA11.4370**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD DICKEY**

Mailing Address P.O. BOX 17674

City State Zip Code  
LITTLE ROCK AR 72222-7674

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

Name of Employer Occupation  
LIGHTHOUSE INVESTMENTS, LLC FINANCE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

**Transaction ID : SA11.4446**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**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 21 OF 107
	<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. RAY DILLON**

Mailing Address 57 SOLOGNE CIRCLE

City State Zip Code  
LITTLE ROCK AR 72223-8913

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

Name of Employer Occupation  
DELTIC TIMBER CORP. PRESIDENT AND C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 06 / 2016

**Transaction ID : SA11.4221**

Amount of Each Receipt this Period  
1700.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RAY DILLON**

Mailing Address 57 SOLOGNE CIRCLE

City State Zip Code  
LITTLE ROCK AR 72223-8913

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

Name of Employer Occupation  
DELTIC TIMBER CORP. PRESIDENT AND C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 06 / 2016

**Transaction ID : SA11.4484**

Amount of Each Receipt this Period  
900.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT DINEHART**

Mailing Address 28 CHIMNEY SWEEP LANE

City State Zip Code  
LITTLE ROCK AR 72212-2083

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 10 / 2016

**Transaction ID : SA11.4252**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

2850.00

**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 107
	<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)  
**SCOTT DINEHART**

Mailing Address **28 CHIMNEY SWEEP LANE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2083**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 04 / 2016**

**Transaction ID : SA11.4367**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT DINEHART**

Mailing Address **28 CHIMNEY SWEEP LANE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2083**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 05 / 2016**

**Transaction ID : SA11.4372**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** 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 **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 22 / 2016**

**Transaction ID : SA11.4411**

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

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

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

**1150.00**

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

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

FOR LINE NUMBER: PAGE 23 OF 107  
(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. STEVE DOUGLAS**

Mailing Address **6501 NORTHERN HILLS**

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

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 10 2016**

**Transaction ID : SA11.4413**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. CLARENCE J. DUVALL JR.**

Mailing Address **2409 NORTH UNIVERSITY AVE**

City State Zip Code  
**LITTLE ROCK AR 72207-3607**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 02 2016**

**Transaction ID : SA11.4399**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. MERRITT DYKE**

Mailing Address **420 ARGONNE DRIVE, NORTHWEST**

City State Zip Code  
**ATLANTA GA 30305-2841**

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

Name of Employer Occupation  
**DYKE INDUSTRIES, INC. CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 20 2016**

**Transaction ID : SA11.4322**

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: PAGE 24 OF 107  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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. BYRON M. EISEMAN**

Mailing Address **64 RIVER RIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-1518**

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

Name of Employer **FRIDAY ELDREDGE & CLARK** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.4064**

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

**B.** 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 14 / 2016**

**Transaction ID : SA11.4289**

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

**C.** Full Name (Last, First, Middle Initial)  
**DR. PETER EMANUEL**

Mailing Address **22 CANYON RIDGE COURT**

City **LITTLE ROCK** State **AR** Zip Code **72223-5982**

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

Name of Employer **U.A.M.S** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 06 / 2016**

**Transaction ID : SA11.4415**

Amount of Each Receipt this Period  
**100.00**  
 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 25 OF 107
	<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. SALLY HALL EZELL**

Mailing Address 824 BERING DR  
APT 5102

City HOUSTON State TX Zip Code 77057-2259

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

Name of Employer SELF EMPLOYED Occupation ORGANIZER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2016

**Transaction ID : SA11.4254**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPHINE FELTON**

Mailing Address 5434 SHERWOOD ROAD

City LITTLE ROCK State AR Zip Code 72207-5334

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11.4305**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**J MARK FERGUSON**

Mailing Address 7 WASSON RD

City CONWAY State AR Zip Code 72034-9647

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

Name of Employer FIRST SECURITY BANK Occupation BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11.4276**

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 26 OF 107
	<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. 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11.4306**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. TERRY FIDDLER**

Mailing Address **3010 COLLINS DRIVE**

City **CONWAY** State **AR** Zip Code **72034-8426**

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

Name of Employer **FIDDLER AND FULMER DENTISTRY** Occupation **DENTIST**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 19 / 2016**

**Transaction ID : SA11.4283**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. ROBERT FINCHER**

Mailing Address **2107 CANAL POINTE**

City **LITTLE ROCK** State **AR** Zip Code **72202-1429**

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

Name of Employer **U.A.M.S.** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 08 / 2016**

**Transaction ID : SA11.4227**

Amount of Each Receipt this Period  
**250.00**

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 107
	<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. DICKSON L. FLAKE**

Mailing Address **17 ST. JOHN'S PLACE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3700**

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

Name of Employer **COLLIERS INTERNATIONAL AR** Occupation **REAL ESTATE BROKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 07 / 2016**

**Transaction ID : SA11.4234**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN J. FLAKE**

Mailing Address **425 CAPITOL AVENUE  
SUITE 300**

City **LITTLE ROCK** State **AR** Zip Code **72201-3440**

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

Name of Employer **FLAKE & KELLEY COMMERCIAL REAL ESTA** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 15 / 2016**

**Transaction ID : SA11.4241**

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

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

Mailing Address **2600 N. PIERCE ST.**

City **LITTLE ROCK** State **AR** Zip Code **72207-3623**

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

Name of Employer **WINDSTREAM COMMUNICATION** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 24 / 2016**

**Transaction ID : SA11.4494**

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)	PAGE 28 OF 107
	<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. 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

**Transaction ID : SA11.4403**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS FREEZE**

Mailing Address P.O. BOX 166

City KEO State AR Zip Code 72083-0166

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

Name of Employer KEO FISH FARM Occupation FISH FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2016

**Transaction ID : SA11.4222**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RON FULLER**

Mailing Address 5 BRAEBURN COURT

City LITTLE ROCK State AR Zip Code 72212-2801

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

Name of Employer RON FULLER ENTERPRISES Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2016

**Transaction ID : SA11.4421**

Amount of Each Receipt this Period  
 500.00  
 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 29 OF 107
	<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)  
**JOHN GATES**

Mailing Address 5 LEXINGTON DR

City CONWAY State AR Zip Code 72034-3408

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

Name of Employer CONWAY DEVELOPMENT CORP Occupation ECONOMIC DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11.4273**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPHUS J. GIEZEMAN**

Mailing Address 107 AQUA MARINE

City SEARCY State AR Zip Code 72143-3054

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2016

**Transaction ID : SA11.4220**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN GILL**

Mailing Address 5100 CRESTWOOD DR

City LITTLE ROCK State AR Zip Code 72207-5402

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

Name of Employer GILL RAGON OWEN, PA Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016

**Transaction ID : SA11.4299**

Amount of Each Receipt this Period  
 500.00  
 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 30 OF 107
	<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. JUDITH W. GOODSON**

Mailing Address 1908 NORTH SPRUCE

City State Zip Code  
LITTLE ROCK AR 72207-4718

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 24 / 2016

**Transaction ID : SA11.4318**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. TIMOTHY C. GOODSON**

Mailing Address 1908 NORTH SPRUCE

City State Zip Code  
LITTLE ROCK AR 72207-4718

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

Name of Employer Occupation  
ARKANSAS UROLOGY PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 24 / 2016

**Transaction ID : SA11.4317**

Amount of Each Receipt this Period  
650.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. TIMOTHY C. GOODSON**

Mailing Address 1908 NORTH SPRUCE

City State Zip Code  
LITTLE ROCK AR 72207-4718

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

Name of Employer Occupation  
ARKANSAS UROLOGY PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2016

**Transaction ID : SA11.4431**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

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

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

1150.00

**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 107
	<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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2016

**Transaction ID : SA11.4346**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAN GREENBERG**

Mailing Address 55 FONTENAY CIRCLE

City Little Rock State AR Zip Code 72223-9569

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

Name of Employer **ADVANCE ARKANSAS INSTITUTE** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

**Transaction ID : SA11.4433**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 4640 BAY HILL DRIVE

City CONWAY State AR Zip Code 72034-8198

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016

**Transaction ID : SA11.4291**

Amount of Each Receipt this Period  
 1000.00  
 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 32 OF 107
	<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. KATHRYN LAWSON GRIFFIN**

Mailing Address 420 MIDLAND STREET

City State Zip Code  
LITTLE ROCK AR 72205-4177

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11.4362**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. TIM 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  
ERNST & YOUNG C.P.A.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 10 / 2016

**Transaction ID : SA11.4235**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVIDSON HALL**

Mailing Address 22 ARMISTEAD ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5428

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

Name of Employer Occupation  
STEPHENS, INC. INVESTMENT BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

**Transaction ID : SA11.4445**

Amount of Each Receipt this Period  
1000.00

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 33 OF 107
	<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 HAMPTON**

Mailing Address P.O. BOX 547

City State Zip Code  
ROGERS AR 72757-0547

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

Name of Employer Occupation  
FIRST WESTERN BANK BANKING

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 18 / 2016

**Transaction ID : SA11.4354**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. BILL HANNAH**

Mailing Address 1510 WILLOW CREEK COVE

City State Zip Code  
CONWAY AR 72034-7565

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

Name of Employer Occupation  
NABHOLZ CONSTRUCTION CHAIRMAN OF THE BOARD

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 19 / 2016

**Transaction ID : SA11.4282**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RON HARB**

Mailing Address 12005 FAIRWAY DRIVE

City State Zip Code  
LITTLE ROCK AR 72212-3426

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

Name of Employer Occupation  
UBREAKIFIX OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2016

**Transaction ID : SA11.4228**

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 34 OF 107
	<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. FRED H. HARRISON**

Mailing Address 2219 NORTH PALM STREET

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

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

Name of Employer: UNIVERSITY OF ARKANSAS Occupation: ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 01 / 16 / 2016

**Transaction ID : SA11.4255**

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRED H. HARRISON**

Mailing Address 2219 NORTH PALM STREET

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

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

Name of Employer: UNIVERSITY OF ARKANSAS Occupation: ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 01 / 27 / 2016

**Transaction ID : SA11.4303**

Amount of Each Receipt this Period: 50.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MAX HARRIS**

Mailing Address 6 RIVERMIST CIRCLE

City: LITTLE ROCK State: AR Zip Code: 72202-1422

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

Name of Employer: HARRIS FAMILY COMPANY Occupation: INVESTMENTS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 14 / 2016

**Transaction ID : SA11.4292**

Amount of Each Receipt this Period: 500.00

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 35 OF 107
	<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. WILLIAM A. HARRISON**

Mailing Address 1501 WESTPARK DRIVE  
SUITE 9

City Little Rock State AR Zip Code 72204-2457

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

Name of Employer HARRISON ENERGY PARTNERS Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2016

**Transaction ID : SA11.4260**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SPENCER HAWKS**

Mailing Address 1720 ROYAL DRIVE

City CONWAY State AR Zip Code 72034-7344

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

Name of Employer GRISSOM & COMPANY Occupation REALTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11.4272**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOE T. HAYS**

Mailing Address 8 MENDEN LANE

City LITTLE ROCK State AR Zip Code 72223-9287

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

Name of Employer OLD MAIN ADVISORS, INC. Occupation MANAGING DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2016

**Transaction ID : SA11.4382**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

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

3950.00

**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 107
	<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 HAYS**

Mailing Address **8 MENDEN LANE**

City **LITTLE ROCK** State **AR** Zip Code **72223-9287**

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

Name of Employer **ARKANSAS SPECIAL EDUCATION LAW FIRM** Occupation **ATTORNEY AT LAW**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 10 / 2016**

**Transaction ID : SA11.4481**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRAD HEGEMAN**

Mailing Address **930 WAKEFIELD DRIVE**

City **CONWAY** State **AR** Zip Code **72032-8869**

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

Name of Employer **NABHOLZ CONSTURCTION SERVICES** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 19 / 2016**

**Transaction ID : SA11.4284**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT R. HERMANN JR.**

Mailing Address **7701 FORSYTH BOULEVARD  
10TH FLOOR**

City **ST. LOUIS** State **MO** Zip Code **63105-1818**

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

Name of Employer **HERMANN COMPANIES/ANCHOR PACKAGIN** Occupation **PRESIDENT AND C.E.O.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2016**

**Transaction ID : SA11.4364**

Amount of Each Receipt this Period  
**1000.00**

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: PAGE 37 OF 107  
(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. CHARLES S. HIGGINS**

Mailing Address 4245 JAMESBOROUGH PLACE

City State Zip Code  
NASHVILLE TN 37215-3614

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

Name of Employer Occupation  
EDGE GROUP, INC. CONSULTING ENGINEER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016

**Transaction ID : SA11.4238**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. EDITH HOLIDAY**

Mailing Address 3239 38TH STREET, N.W.

City State Zip Code  
WASHINGTON DC 20016-3728

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY AT LAW

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016

**Transaction ID : SA11.4365**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. BARBARA ROGERS HOOVER**

Mailing Address 5 EDGEHILL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5443

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2016

**Transaction ID : SA11.4265**

Amount of Each Receipt this Period  
 2450.00  
 CONTRIBUTION

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

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

3950.00

**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 107
	<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. BARBARA ROGERS HOOVER**

Mailing Address 5 EDGEHILL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5443

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2950.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 16 / 2016

**Transaction ID : SA11.4266**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRYAN E. HOSTO**

Mailing Address 28 BRETAGNE CIRCLE

City State Zip Code  
LITTLE ROCK AR 72223-9136

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

Name of Employer Occupation  
BUCHAN LAW FIRM ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11.4342**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRYAN E. HOSTO**

Mailing Address 28 BRETAGNE CIRCLE

City State Zip Code  
LITTLE ROCK AR 72223-9136

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

Name of Employer Occupation  
BUCHAN LAW FIRM ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2016

**Transaction ID : SA11.4417**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

600.00

**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 39 OF 107
	<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)  
**REP. DOUGLAS HOUSE**

Mailing Address 8923 BRIDGE CREEK ROAD

City NORTH LITTLE ROCK State AR Zip Code 72120-9469

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

Name of Employer HILGER FARMS, INC. Occupation FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 19 / 2016**

**Transaction ID : SA11.4268**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REP. DOUGLAS HOUSE**

Mailing Address 8923 BRIDGE CREEK ROAD

City NORTH LITTLE ROCK State AR Zip Code 72120-9469

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

Name of Employer HILGER FARMS, INC. Occupation FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 06 / 2016**

**Transaction ID : SA11.4418**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALLAN B. HUBBARD**

Mailing Address 5600 SUNSET LANE

City INDIANAPOLIS State IN Zip Code 46228-1446

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

Name of Employer E&A INDUSTRIES, INC. Occupation CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 25 / 2016**

**Transaction ID : SA11.4480**

Amount of Each Receipt this Period  
**1000.00**  
 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 40 OF 107
	<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. RON HUGHES**

Mailing Address 4919 STONEWALL

City State Zip Code  
LITTLE ROCK AR 72207-4735

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : SA11.4263**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RAY LEE HUNT**

Mailing Address 1900 NORTH AKARD STREET

City State Zip Code  
DALLAS TX 75201-2300

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

Name of Employer Occupation  
HUNT OIL PRESIDENT/C.E.O.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2016

**Transaction ID : SA11.4397**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. JIM MARK INGRAM**

Mailing Address 8 RIDGEVIEW COURT

City State Zip Code  
LITTLE ROCK AR 72227-2360

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

Name of Employer Occupation  
LITTLE ROCK ALLERGY & ASTHMA CLINIC PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 25 / 2016

**Transaction ID : SA11.4300**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

3950.00



**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 41 OF 107
	<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)  
**PAUL ISAAC**

Mailing Address **75 PROSPECT AVE**

City **LARCHMONT** State **NY** Zip Code **10538-3634**

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

Name of Employer **ARBITER PARTNERS** Occupation **ANALYST**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 19 / 2016**

**Transaction ID : SA11.4334**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DORSEY W. JACKSON**

Mailing Address **2406 NORTH TAYLOR STREET**

City **LITTLE ROCK** State **AR** Zip Code **72207-3625**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.4347**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. LELLAND A. KINNAMAN**

Mailing Address **1 TRAFALGAR COVE**

City **LITTLE ROCK** State **AR** Zip Code **72210-3706**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 20 / 2016**

**Transaction ID : SA11.4264**

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 42 OF 107
	<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. HENRY C. KINSLOW**

Mailing Address 139 WOODLAND DRIVE

City State Zip Code  
EL DORADO AR 71730-3125

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

Name of Employer Occupation  
KINSLOW HENRY C. ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 12 / 2016

**Transaction ID : SA11.4237**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2016

**Transaction ID : SA11.4416**

Amount of Each Receipt this Period  
2200.00

CONTRIBUTION

**C.** 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2016

**Transaction ID : SA11.4485**

Amount of Each Receipt this Period  
500.00

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 107  
(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)  
**MS. JULIA F. KOCH**  
 Mailing Address **P.O. BOX 5004**  
 City State Zip Code  
**WICHITA KS 67201-5004**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 04 2016**  
**Transaction ID : SA11.4408**  
 Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**MR. STEPHEN LAFRANCE JR.**  
 Mailing Address **11 EDGEHILL ROAD**  
 City State Zip Code  
**LITTLE ROCK AR 72207-5443**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**DALE CAPITAL PARTNERS, INC. PRINCIPAL**  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 25 2016**  
**Transaction ID : SA11.4319**  
 Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**MR. DANNY LINN**  
 Mailing Address **P.O. BOX 2230**  
 City State Zip Code  
**CONWAY AR 72033-2230**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**JUST SCRAP IT! METAL RECYCLING PARTNER**  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 19 2016**  
**Transaction ID : SA11.4286**  
 Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....  
**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: PAGE 44 OF 107  
(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. STEVE LUCCHI**

Mailing Address **8 MCKINLEY CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72207-6333**

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

Name of Employer **WHOLE HOG CAFE** Occupation **OWNER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.4359**

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

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

Mailing Address **1708 NORTH PALM STREET**

City **LITTLE ROCK** State **AR** Zip Code **72207-5456**

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

Name of Employer **MAGIE MABREY EYE CLINIC** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 16 / 2016**

**Transaction ID : SA11.4288**

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

**C.** Full Name (Last, First, Middle Initial)  
**MRS. FREDNA MAHAFFEY**

Mailing Address **3720 EAST EAGLESCLIFFE DRIVE**

City **SPRINGFIELD** State **MO** Zip Code **65809-4639**

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

Name of Employer **MAHAFFEY ENTERPRISES, INC.** Occupation **CORPORATE SECRETARY**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 20 / 2016**

**Transaction ID : SA11.4331**

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: PAGE 45 OF 107  
(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)  
**DEBBIE MAKRIS**

Mailing Address 900 WEST 46TH STREET

City State Zip Code  
PINE BLUFF AR 71603-7110

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2016

**Transaction ID : SA11.4476**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEBBIE MAKRIS**

Mailing Address 900 WEST 46TH STREET

City State Zip Code  
PINE BLUFF AR 71603-7110

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2016

**Transaction ID : SA11.4477**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. WALTER E. MAY**

Mailing Address 4201 WOODLAND DRIVE

City State Zip Code  
LITTLE ROCK AR 72205-

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

Name of Employer Occupation  
MITCHELL WILLIAMS ATTORNEY AT LAW

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016

**Transaction ID : SA11.4243**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6400.00

**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 107
	<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. HAYDEN MCILROY**

Mailing Address **25 HIGHLAND PARK VILLAGE**  
**SUITE 100-341**

City **DALLAS** State **TX** Zip Code **75205-2789**

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

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 13 / 2016**

**Transaction ID : SA11.4298**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. LESTER MCKINLEY**

Mailing Address **P.O. BOX 446**

City **DEWITT** State **AR** Zip Code **72042-0446**

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

Name of Employer **FARELLY LAKE COMPANY** Occupation **FARMER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 15 / 2016**

**Transaction ID : SA11.4245**

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

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

Mailing Address **1133 CONNECTICUT AVENUE NORTHWEST**  
**SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20036-4380**

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

Name of Employer **FREDDIE MAC** Occupation **SENIOR VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 08 / 2016**

**Transaction ID : SA11.4388**

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 47 OF 107
	<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. ALLAN MENDEL**

Mailing Address **18 RIVER RIDGE CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72227-1503**

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

Name of Employer **MENDEL CAPITAL MANAGEMENT** Occupation **INVESTMENT MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 15 / 2016**

**Transaction ID : SA11.4244**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN L. MIDDLETON**

Mailing Address **42 CHENAL DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72223-9026**

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

Name of Employer **STEPHENS, INC.** Occupation **INVESTMENT ADVISOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2016**

**Transaction ID : SA11.4396**

Amount of Each Receipt this Period  
**1000.00**

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 05 / 2016**

**Transaction ID : SA11.4424**

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 48 OF 107
	<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. JOE MORICONI**

Mailing Address 11627 ROB BELL ROAD

City State Zip Code  
SCOTT AR 72142-8902

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

Name of Employer Occupation  
TECH MARK INC. NATIONAL SALES MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2016

**Transaction ID : SA11.4419**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH MOWERY**

Mailing Address 3715 DORAL DRIVE

City State Zip Code  
LITTLE ROCK AR 72212-2923

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

Name of Employer Occupation  
STEPHENS, INC. INVESTMENT BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1950.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 26 / 2016

**Transaction ID : SA11.4302**

Amount of Each Receipt this Period  
1200.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ERIC P. MUNSON**

Mailing Address 44 ROBINWOOD DRIVE

City State Zip Code  
LITTLE ROCK AR 72227-2226

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

Name of Employer Occupation  
AR DEVELOPMENTAL DISABILITIES COUNCIL EXECUTIVE DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2016

**Transaction ID : SA11.4410**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2700.00



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

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

FOR LINE NUMBER: PAGE 49 OF 107  
(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. ROBERT F. MURCHISON**

Mailing Address 10131 GAYWOOD ROAD

City State Zip Code  
DALLAS TX 75229-6604

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

Name of Employer Occupation  
MURCHISON MANAGEMENT INVESTMENTS

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11.4324**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN R. MURRAY**

Mailing Address 10472 TOWNSHIP ROAD 94

City State Zip Code  
FINDLAY OH 45840-2013

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2016

**Transaction ID : SA11.4293**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES NABHOLZ**

Mailing Address 4630 SAWGRASS COVE

City State Zip Code  
CONWAY AR 72034-5006

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

Name of Employer Occupation  
THE NABHOLZ GROUP, INC. CHAIRMAN EMERITUS

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2016

**Transaction ID : SA11.4230**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3950.00

**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 107
	<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) <b>A. MR. JOHN NABHOLZ</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2016	
Mailing Address 2337 MARTHA DRIVE		<b>Transaction ID : SA11.4269</b>	
City CONWAY	State AR	Zip Code 72032-8548	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer NABHOLZ CONSTRUCTION	Occupation INFORMATION TECHNOLOGY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MS. RENE NAUMAN</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 06 / 2016	
Mailing Address 3615 DORCEL		<b>Transaction ID : SA11.4232</b>	
City LITTLE ROCK	State AR	Zip Code 72212-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. MR. JOE NICHOLS</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2016	
Mailing Address 6208 BROOKHOLLOW DRIVE		<b>Transaction ID : SA11.4290</b>	
City TEXARKANA	State TX	Zip Code 75503-1496	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer STATE BANK	Occupation CHAIRMAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 51 OF 107
	<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)  
**MICHAEL OSLEBER**

Mailing Address 12 REDCOAT LNE

City State Zip Code  
LITTLE ROCK AR 72227-2337

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

Name of Employer Occupation  
ARKANSAS DERMATOLOGY PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.4188**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN LEE OSTNER**

Mailing Address 304 NORTH RIDGE ROAD

City State Zip Code  
LITTLE ROCK AR 72207-2522

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

Name of Employer Occupation  
SELF EMPLOYED FINANCIAL PLANNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11.4353**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. FORD OVERTON**

Mailing Address 8800 FERNDAL E CUTOFF ROAD

City State Zip Code  
LITTLE ROCK AR 72223-8916

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

Name of Employer Occupation  
WEST TREE SERVICE OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

**Transaction ID : SA11.4311**

Amount of Each Receipt this Period  
1000.00  
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 52 OF 107
	<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. STEPHANIE OVERTON**

Mailing Address 8800 FERNDALE CUTOFF RD

City State Zip Code  
LITTLE ROCK AR 72223-8916

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

Name of Employer Occupation  
WEST TREE SERVICE OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2016

**Transaction ID : SA11.4312**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CATHY HASTINGS OWEN**

Mailing Address 43 ROBINWOOD DRIVE

City State Zip Code  
LITTLE ROCK AR 72227-2225

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

Name of Employer Occupation  
EAGLE BANK BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2016

**Transaction ID : SA11.4429**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address 19 CHALLAIN CV

City State Zip Code  
LITTLE ROCK AR 72223-5521

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

Name of Employer Occupation  
KAVANAUGH PHARAMACY PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2016

**Transaction ID : SA11.4229**

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 53 OF 107
	<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. BERT PARKER**

Mailing Address **21 RIVER RIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-1517**

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

Name of Employer **GARVER** Occupation **SENIOR VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 06 / 2016**

**Transaction ID : SA11.4423**

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

**B.** Full Name (Last, First, Middle Initial)  
**MRS. WENDY 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 **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 26 / 2016**

**Transaction ID : SA11.4301**

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

**C.** Full Name (Last, First, Middle Initial)  
**MS. HELEN E. PASCALE**

Mailing Address **41 LONGMEADOW**

City **PINE BLUFF** State **AR** Zip Code **71603-6312**

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

Name of Employer **SELF EMPLOYED** Occupation **INDEPENDENT PERFORMING ARTS PROFE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11.4348**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

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

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

**4200.00**

**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 54 OF 107
	<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. HELEN E. PASCALE**

Mailing Address 41 LONGMEADOW

City State Zip Code  
PINE BLUFF AR 71603-6312

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

Name of Employer Occupation  
SELF EMPLOYED INDEPENDENT PERFORMING ARTS PROFE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11.4349**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. CHERYL PAYNE-NESUDA**

Mailing Address 17 ALTON LANE

City State Zip Code  
LITTLE ROCK AR 72211-2191

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
775.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 14 / 2016

**Transaction ID : SA11.4344**

Amount of Each Receipt this Period  
25.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CARROLL PENICK**

Mailing Address 15 BEVERLY PLACE

City State Zip Code  
LITTLE ROCK AR 72207-3701

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

Name of Employer Occupation  
SIMMONS FIRST NATIONAL BANK BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 03 / 2016

**Transaction ID : SA11.4398**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

3225.00

**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 107
	<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)  
**DONALD O. PHELPS**

Mailing Address 40 FONTEWAY CIR

City State Zip Code  
LITTLE ROCK AR 72223-9568

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

Name of Employer Occupation  
PHELPS FAN LLC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 25 / 2016

**Transaction ID : SA11.4333**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD W. PORTER**

Mailing Address 875 BRYANT AVENUE

City State Zip Code  
WINNETKA IL 60093-1903

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

Name of Employer Occupation  
KIRKLAND AND ELLIS, L.L.P. ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 11 / 2016

**Transaction ID : SA11.4236**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GARY L. PURNELL**

Mailing Address 3219 IMPERIAL VALLEY DRIVE

City State Zip Code  
LITTLE ROCK AR 72212-3111

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 25 / 2016

**Transaction ID : SA11.4329**

Amount of Each Receipt this Period  
2000.00

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 56 OF 107
	<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)  
**MS. TRACEY RANCIFER**

Mailing Address **401 WELLINGTON WOODS LOOP**

City **LITTLE ROCK** State **AR** Zip Code **72211-2086**

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

Name of Employer **AUSUM REALTY INC.** Occupation **PRINCIPAL BROKER/OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 04 / 2016**

**Transaction ID : SA11.4373**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GORDON S. RATHER JR.**

Mailing Address **200 WEST CAPITOL AVENUE  
SUITE 2300**

City **LITTLE ROCK** State **AR** Zip Code **72201-3615**

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

Name of Employer **WRIGHT, LINDSEY, & JENNINGS L.L.P.** Occupation **ATTORNEY AT LAW**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 19 / 2016**

**Transaction ID : SA11.4328**

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

**C.** 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 **FRENCH HILL FOR ARKANSAS** Occupation **ADMINISTRATION**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 07 / 2016**

**Transaction ID : SA11.4247**

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

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

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

**800.00**



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

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

FOR LINE NUMBER: PAGE 57 OF 107  
(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. JAMES W. ROGERS**

Mailing Address 5409 HAWTHORNE ROAD

City State Zip Code  
LITTLE ROCK AR 72207-3751

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

Name of Employer Occupation  
SPORTSTOP, INC OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2016

**Transaction ID : SA11.4426**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** 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. **C**

Name of Employer Occupation  
SAFEFOODS, INC. CHAIRMAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

**Transaction ID : SA11.4443**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES L. SCHLUMBERGER**

Mailing Address 8366 QUAIL MEADOW WAY

City State Zip Code  
WEST PALM BEACH FL 33412-1505

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

Name of Employer Occupation  
FLORIDA POWER & LIGHT COMPANY ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

**Transaction ID : SA11.4309**

Amount of Each Receipt this Period  
 250.00  
 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: PAGE 58 OF 107  
(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. CHARLES L. SCHLUMBERGER**

Mailing Address 8366 QUAIL MEADOW WAY

City WEST PALM BEACH State FL Zip Code 33412-1505

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

Name of Employer FLORIDA POWER & LIGHT COMPANY Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

**Transaction ID : SA11.4310**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT SCHMIDT**

Mailing Address 14 SOUTHSHORE LANE

City CONWAY State AR Zip Code 72032-8832

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11.4270**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM C. SCHOLL**

Mailing Address 4 DUCLAIR CT

City LITTLE ROCK State AR Zip Code 72223-9570

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

Name of Employer FIRST SECURITY BANK Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11.4337**

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 59 OF 107
	<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. JAMES D. SCOTT**

Mailing Address 2100 COVINGTON DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72116-4909

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

Name of Employer JAMES D. SCOTT INSURANCE AGENCY Occupation INSURANCE AGENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

**Transaction ID : SA11.4307**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARY E. SEGRAVES**

Mailing Address 30 WOODGLEN ROAD

City LITTLE ROCK State AR Zip Code 72207-1620

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

Name of Employer PREMIER STAFFING, INC Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

**Transaction ID : SA11.4320**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES SHENEP JR.**

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 SIMMONS FIRST TRUST CO. BANKING Occupation EXECUTIVE VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2016

**Transaction ID : SA11.4432**

Amount of Each Receipt this Period  
 100.00

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 60 OF 107
	<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. BELINDA H. SHULTS**

Mailing Address 1915 CANAL POINTE

City State Zip Code  
LITTLE ROCK AR 72202-1427

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2016

**Transaction ID : SA11.4323**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RANDALL C. SIMS**

Mailing Address 730 HUNTINGTON

City State Zip Code  
CONWAY AR 72034-8530

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

Name of Employer Occupation  
CENTENNIAL BANK BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 18 / 2016

**Transaction ID : SA11.4285**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. NEILL M. SLOAN**

Mailing Address 916 SOUTH LAKESHORE DRIVE

City State Zip Code  
LAKE VILLAGE AR 71653-1417

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : SA11.4327**

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: PAGE 61 OF 107  
(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. DERRICK W. SMITH**  
 Mailing Address 35 COURTS DRIVE  
 City State Zip Code  
 LITTLE ROCK AR 72223-9198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MITCHELL WILLIAMS LAW ATTORNEY AT LAW  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 06 2016  
**Transaction ID : SA11.4218**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES W. SMITH**  
 Mailing Address 226 WEST DICKSON STREET  
 City State Zip Code  
 FAYETTEVILLE AR 72701-5221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SMITH HURST, P.L.C. ATTORNEY AT LAW  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 08 2016  
**Transaction ID : SA11.4386**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. TED SNIDER SR.**  
 Mailing Address 571 VALLEY CLUB CIRCLE  
 City State Zip Code  
 LITTLE ROCK AR 72212-3453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 01 2016  
**Transaction ID : SA11.4461**  
 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 62 OF 107
	<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. KENT SORRELLS**

Mailing Address 35 SHERRILL ROAD

City State Zip Code  
LITTLE ROCK AR 72202-1516

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

Name of Employer Occupation  
THE STEPHENS GROUP, L.L.C. INVESTMENTS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

**Transaction ID : SA11.4440**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEFF STANDRIDGE**

Mailing Address 3265 CHRYSLER COVE

City State Zip Code  
CONWAY AR 72034-7289

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

Name of Employer Occupation  
ACXIOM CORPORATION VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 17 / 2016

**Transaction ID : SA11.4256**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD G. STEINHART**

Mailing Address 25 ROBLEDO DRIVE

City State Zip Code  
DALLAS TX 75230-3055

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

**Transaction ID : SA11.4387**

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 63 OF 107
	<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. NOEL STRAUSS**

Mailing Address 37 EDGEHILL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5461

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

Name of Employer Occupation  
STEPHENS INC. BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

**Transaction ID : SA11.4357**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

Mailing Address 24 BELLEGARDE DRIVE

City State Zip Code  
LITTLE ROCK AR 72223-9185

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 05 / 2016

**Transaction ID : SA11.4374**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. HENRY THOMAS**

Mailing Address 36 EDGEHILL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5462

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

Name of Employer Occupation  
U.A.M.S. OPHTHALMOLOGIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2016

**Transaction ID : SA11.4420**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

2350.00

**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 64 OF 107
	<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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

**Transaction ID : SA11.4439**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JACK VAUGHN JR.**

Mailing Address 5325 WANETA DRIVE

City State Zip Code  
DALLAS TX 75209-5611

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

Name of Employer Occupation  
PEAK ENERGY RESOURCES, L.L.C. OIL AND GAS INVESTMENTS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

**Transaction ID : SA11.4444**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANICE WALTHER**

Mailing Address 6 CASCADES DRIVE

City State Zip Code  
LITTLE ROCK AR 72212-3306

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

**Transaction ID : SA11.4389**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

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

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

5900.00



**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 107
	<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 WEAVER**

Mailing Address P.O. BOX 60

City EL PASO State AR Zip Code 72045-0060

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

Name of Employer WEAVER BAILEY CONTRACTORS, INC. Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11.4280**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONALD L. WEAVER**

Mailing Address 450 HANNAH DRIVE

City CONWAY State AR Zip Code 72034-7265

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

Name of Employer WEAVER-BAILEY CONTRACTORS, INC. Occupation VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11.4281**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CAROLYN C. WELLS**

Mailing Address 451 HERITAGE DRIVE APT 707

City POMPANO BEACH State FL Zip Code 33060-7775

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

**Transaction ID : SA11.4400**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

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

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

4200.00

**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 107
	<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)  
**CAROLYN C. WELLS**

Mailing Address 451 HERITAGE DRIVE APT 707

City Pompano Beach State FL Zip Code 33060-7775

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

**Transaction ID : SA11.4482**

Amount of Each Receipt this Period  
**2300.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES B. WHITESIDE III**

Mailing Address 2905 NORTH FILLMORE

City Little Rock State AR Zip Code 72207-2812

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

Name of Employer MERRILL LYNCH Occupation FINANCIAL CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.4360**

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

**C.** Full Name (Last, First, Middle Initial)  
**MS. GAY D. WHITE**

Mailing Address 5424 HAWTHORNE ROAD

City Little Rock State AR Zip Code 72207-3731

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

**Transaction ID : SA11.4438**

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

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

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

**3550.00**

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

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

FOR LINE NUMBER: PAGE 67 OF 107  
(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 HAYNES WHITNEY JR.**

Mailing Address 1 CANTRELL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-2005

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

Name of Employer Occupation  
DEMOCRAT PRINTING PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 10 2016

**Transaction ID : SA11.4441**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS HAYNES WHITNEY JR.**

Mailing Address 1 CANTRELL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-2005

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

Name of Employer Occupation  
DEMOCRAT PRINTING PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 10 2016

**Transaction ID : SA11.4442**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL WILLIAMS**

Mailing Address 205 MIRAMAR BOULEVARD

City State Zip Code  
LITTLE ROCK AR 72223-3200

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

Name of Employer Occupation  
GARVER ENGINEERS CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 05 2016

**Transaction ID : SA11.4425**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 68 OF 107  
(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. 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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 03 / 2016

**Transaction ID : SA11.4395**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GREG WILLIAMS**

Mailing Address 3335 TURF LANE

City State Zip Code  
CONWAY AR 72034-7269

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

Name of Employer Occupation  
NABHOLZ CONSTRUCTION SERVICES CHIEF EXECUTIVE OFFICER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

**Transaction ID : SA11.4287**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JEFF YATES**

Mailing Address 66 EL DORADO DRIVE

City State Zip Code  
LITTLE ROCK AR 72212-2814

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

Name of Employer Occupation  
ARKANSAS COMMERCIAL AND INVESTMENT MANAGING PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2016

**Transaction ID : SA11.4336**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

1750.00

180575.00

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

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	<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)  
**COLLINS FOR CONGRESS**

Mailing Address P.O. BOX 1295

City GAINESVILLE State GA Zip Code 30503-1295

FEC ID number of contributing federal political committee. **C** C00502039

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2016

**Transaction ID : SA11.4213**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICK ALLEN FOR CONGRESS**

Mailing Address P.O. BOX 338

City AUGUSTA State GA Zip Code 30903-0338

FEC ID number of contributing federal political committee. **C** C00506790

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2016

**Transaction ID : SA11.4212**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14TH STREET, N.W.  
SUITE 1100

City WASHINGTON State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2016

**Transaction ID : SA11.4279**

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

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(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)  
**DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City State Zip Code  
WASHINGTON DC 20044-0365

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2016

**Transaction ID : SA11.4214**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City State Zip Code  
WASHINGTON DC 20044-0365

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 15 / 2016

**Transaction ID : SA11.4350**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**LPL FINANCIAL LLC POLITICAL ACTION COMMITTEE (LPL)**

Mailing Address 75 STATE ST  
24TH FLOOR

City State Zip Code  
BOSTON MA 02109-1827

FEC ID number of contributing federal political committee. **C C00486217**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2016

**Transaction ID : SA11.4215**

Amount of Each Receipt this Period  
1000.00  
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 71 OF 107
	<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)  
**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2016

**Transaction ID : SA11.4216**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION PAC**

Mailing Address 1101 KING ST SUITE 600

City ALEXANDRIA State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

**Transaction ID : SA11.4394**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**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).....

3000.00

12500.00

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

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

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(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)  
**SOUTHERN ELEPHANT ROMP**

Mailing Address 824 MILLEDGE AVE STE 101

City State Zip Code  
ATHENS GA 30605-1332

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11416.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4278**

Amount of Each Receipt this Period  
 11416.37

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. Full Name (Last, First, Middle Initial)  
**BETSY HAWKINGS**

Mailing Address 4332 ALBEMARLE ST NW

City State Zip Code  
WASHINGTON DC 20016-2012

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

Name of Employer Occupation  
DEMOCRACY FUND PROGRAM DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
166.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4475**

Amount of Each Receipt this Period  
 166.67

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

C. Full Name (Last, First, Middle Initial)  
**AMERICANS NATIONWIDE DEDICATED TO ELECTING REPUBLI**

Mailing Address 831 LINWOOD COURT

City State Zip Code  
BIRMINGHAM AL 35222-4428

FEC ID number of contributing federal political committee. **C** C00375378

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
666.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4472**

Amount of Each Receipt this Period  
 666.66

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

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

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

11416.37



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

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

FOR LINE NUMBER: PAGE 73 OF 107  
(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)  
**ANDY BARR FOR CONGRESS, INC.**

Mailing Address PO BOX 2059

City Lexington State KY Zip Code 40588-2059

FEC ID number of contributing federal political committee. **C** C00467571

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4470**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**B.** Full Name (Last, First, Middle Initial)  
**FUNDING DEVELOPING LEADERSHIP POLITICAL ACTION COM**

Mailing Address 701 8TH ST NW

City WASHINGTON State DC Zip Code 20001-3854

FEC ID number of contributing federal political committee. **C** C00489906

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4468**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**C.** Full Name (Last, First, Middle Initial)  
**GEORGIA PAC**

Mailing Address 824 S MILLEDGE AVE

City ATHENS State GA Zip Code 30605-1332

FEC ID number of contributing federal political committee. **C** C00490235

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4467**

Amount of Each Receipt this Period  
 500.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**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: PAGE 74 OF 107  
(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)  
**GREGGPAC**

Mailing Address 120 N CONGRESS ST

City JACKSON State MS Zip Code 39201-2606

FEC ID number of contributing federal political committee. **C C00455980**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4473**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**B.** Full Name (Last, First, Middle Initial)  
**HUDSON FOR CONGRESS**

Mailing Address P.O. BOX 5053

City CONCORD State NC Zip Code 28027-1500

FEC ID number of contributing federal political committee. **C C00504522**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4463**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**C.** Full Name (Last, First, Middle Initial)  
**JEFF MILLER FOR CONGRESS**

Mailing Address P. O. BOX 126

City PENSACOLA State FL Zip Code 32591-0126

FEC ID number of contributing federal political committee. **C C00366757**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4471**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**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 75 OF 107
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**French Hill for Arkansas**

**A. MAINTAINING ALL REPUBLICANS IN OFFICE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 8724 SUNSET DR

City MIAMI State FL Zip Code 33173-3512

FEC ID number of contributing federal political committee. **C** C00565630

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4469**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**B. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERI**

Full Name (Last, First, Middle Initial)  
Mailing Address BRENTWOOD

City PARSONS State TN Zip Code 38363-

FEC ID number of contributing federal political committee. **C** C00409276

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4474**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**C. MIKE ROGERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 123 E 13TH ST

City ANNISTON State AL Zip Code 36201-4630

FEC ID number of contributing federal political committee. **C** C00367862

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4478**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**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 76 OF 107
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)  
**THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM**

Mailing Address P.O. BOX 65314

City WASHINGTON State DC Zip Code 20035-5314

FEC ID number of contributing federal political committee. **C** C00328468

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4479**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**B.** Full Name (Last, First, Middle Initial)  
**WESTERMAN FOR CONGRESS**

Mailing Address PO BOX 21097

City HOT SPRINGS State AR Zip Code 71903-1097

FEC ID number of contributing federal political committee. **C** C00548180

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4466**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

**C.** Full Name (Last, First, Middle Initial)  
**WESTMORELAND FOR CONGRESS**

Mailing Address P.O. BOX 458

City SHARPSBURG State GA Zip Code 30277-0458

FEC ID number of contributing federal political committee. **C** C00387126

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA12.4462**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: SOUTHERN ELEPHANT ROMP

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

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

0.00

11416.37

**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 77 OF 107			
	<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) <b>A. ELIZABETH HARPER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address 1510 ALBERTA STREET		Amount of Each Disbursement this Period 31.53
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement REIMBURSEMENT - OFFICE SUPPLIES	Transaction ID : SB17.I1579
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALLISON JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 228.90
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS	Transaction ID : SB17.I1491
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 228.90
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement COPIES	Transaction ID : SB17.I1588
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED REIMBURSEMENT PAYMENT ON 1/5/16
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	260.43
<b>TOTAL</b> 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 78 OF 107			
	<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) <b>A. ALLISON JOHNSON</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address PO BOX 7841			Amount of Each Disbursement this Period 539.00
City LITTLE ROCK	State AR	Zip Code 72217	Transaction ID : SB17.I1492
Purpose of Disbursement ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS		Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. US POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD			Amount of Each Disbursement this Period 539.00
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I1589
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED REIMBURSEMENT PAYMENT ON 1/5/16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALLISON JOHNSON</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address PO BOX 7841			Amount of Each Disbursement this Period 4500.00
City LITTLE ROCK	State AR	Zip Code 72217	Transaction ID : SB17.I1493
Purpose of Disbursement CONSULTING - FUNDRAISING		Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5039.00
<b>TOTAL</b> 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 79 OF 107	
	<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) <b>A. ALLISON JOHNSON</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 888.43
City LITTLE ROCK	State AR	Zip Code 72217
Purpose of Disbursement ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS	Transaction ID : SB17.I1498	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US POSTAL SERVICE</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 588.00
City LITTLE ROCK	State AR	Zip Code 72207
Purpose of Disbursement POSTAGE	Transaction ID : SB17.I1590	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED REIMBURSEMENT PAYMENT ON 1/21/16
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALLISON JOHNSON</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 300.43
City LITTLE ROCK	State AR	Zip Code 72217
Purpose of Disbursement ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS	Transaction ID : SB17.I1499	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	888.43
<b>TOTAL</b> 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 80 OF 107	
	<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) <b>A. OFFICE DEPOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 300.43
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement COPIES	Transaction ID : SB17.I1591
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED REIMBURSEMENT PAYMENT ON 1/21/16
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALLISON JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 28.33
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS	Transaction ID : SB17.I1500
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 28.33
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES - LABELS	Transaction ID : SB17.I1592
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED REIMBURSEMENT PAYMENT ON 1/21/16
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28.33
<b>TOTAL</b> 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 81 OF 107			
	<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) <b>A. ALLISON JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 4,500.00 185.82
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS	Transaction ID : SB17.I1535
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZED REIMBURSEMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 4,500.00 185.82
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES - NAMETAGS	Transaction ID : SB17.I1593
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED REIMBURSEMENT PAYMENT ON 2/1/16
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALLISON JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 4,500.00 4500.00
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement CONSULTING - FUNDRAISING	Transaction ID : SB17.I1550
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4685.82
<b>TOTAL</b> 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 82 OF 107		
	<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) <b>A. ANNA REINHOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address P.O. BOX 21497		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.I1536</b>
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement PHOTO SESSION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MRS. MISSY RICKELS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 311 MCMILLEN TRAIL		Amount of Each Disbursement this Period 798.75 <b>Transaction ID : SB17.I1488</b>
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MRS. MISSY RICKELS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 311 MCMILLEN TRAIL		Amount of Each Disbursement this Period 2.14 <b>Transaction ID : SB17.I1489</b>
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement REIMBURSEMENT - COPIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1450.89
<b>TOTAL</b> 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 83 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. MRS. MISSY RICKELS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016	
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 97.44	
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I1501	
Purpose of Disbursement REIMBURSEMENT - OFFICE SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MRS. MISSY RICKELS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016	
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 149.05	
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I1502	
Purpose of Disbursement REIMBURSEMENT - OFFICE SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MRS. MISSY RICKELS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016	
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 49.00	
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I1503	
Purpose of Disbursement REIMBURSEMENT - POSTAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	295.49
<b>TOTAL</b> 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 84 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. MRS. MISSY RICKELS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 311 MCMILLEN TRAIL		Amount of Each Disbursement this Period 21.80
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement REIMBURSEMENT - THANK YOU ITEMS FOR VOLUNTEERS	Transaction ID : SB17.I1557
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MRS. MISSY RICKELS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 311 MCMILLEN TRAIL		Amount of Each Disbursement this Period 150.31
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement REIMBURSEMENT - POSTAGE	Transaction ID : SB17.I1559
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MRS. MISSY RICKELS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 311 MCMILLEN TRAIL		Amount of Each Disbursement this Period 2077.50
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1565
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2249.61
<b>TOTAL</b> 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 85 OF 107			
	<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) <b>A. ALEXANDER T ST AMOUR</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 2200 RIVERFRONT DRIVE #4213		Amount of Each Disbursement this Period 2583.34 <b>Transaction ID : SB17.I1553</b>
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER T ST AMOUR</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 2200 RIVERFRONT DRIVE #4213		Amount of Each Disbursement this Period 2583.34 <b>Transaction ID : SB17.I1556</b>
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ANDREW CARD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 8405 SPRING CREEK		Amount of Each Disbursement this Period 243.10 <b>Transaction ID : SB17.I1569</b>
City COLLEGE STATION	State TX	
Zip Code 77845	Purpose of Disbursement REIMBURSEMENT - TRAVEL EXPENSES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5409.78
<b>TOTAL</b> 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 86 OF 107
	<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. ADVANCE PRINT SOLUTIONS**

Mailing Address 4201 S. SHACKLEFORD SUITE C

City LITTLE ROCK State AR Zip Code 72204

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 05 / 2016

Amount of Each Disbursement this Period: 283.84

Transaction ID : SB17.I1490

Full Name (Last, First, Middle Initial)  
**B. ADVANCE PRINT SOLUTIONS**

Mailing Address 4201 S. SHACKLEFORD SUITE C

City LITTLE ROCK State AR Zip Code 72204

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2016

Amount of Each Disbursement this Period: 1274.42

Transaction ID : SB17.I1564

Full Name (Last, First, Middle Initial)  
**C. ARKANSAS STATE UNIVERSITY**

Mailing Address 106 N CARAWAY RD, SUITE 2099

City JONESBORO State AR Zip Code 72401

Purpose of Disbursement FUNDRAISING EVENT TICKETS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2016

Amount of Each Disbursement this Period: 150.00

Transaction ID : SB17.I1574

**SUBTOTAL** of Disbursements This Page (optional) ..... 1708.26

**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 87 OF 107	
	<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) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 40.90 <b>Transaction ID : SB17.I1494</b>
City DALLAS State TX Zip Code 75202	Purpose of Disbursement PHONE SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 40.90 <b>Transaction ID : SB17.I1560</b>
City DALLAS State TX Zip Code 75202	Purpose of Disbursement PHONE SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN MAIL &amp; DATA, INC. DBA CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 <b>Transaction ID : SB17.I1511</b>
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement SOFTWARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	879.80
<b>TOTAL</b> 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 88 OF 107			
	<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) <b>A. CAPITAL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address 300 FIRST ST SE			Amount of Each Disbursement this Period 412.00		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.I1545		
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. COMCAST</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016		
Mailing Address 1701 JOHN F KENNEDY BOULEVARD			Amount of Each Disbursement this Period 378.71		
City PHILADELPHIA	State PA	Zip Code 19103	Transaction ID : SB17.I1510		
Purpose of Disbursement INTERNET AND CABLE SERVICES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. COMCAST</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016		
Mailing Address 1701 JOHN F KENNEDY BOULEVARD			Amount of Each Disbursement this Period 149.31		
City PHILADELPHIA	State PA	Zip Code 19103	Transaction ID : SB17.I1558		
Purpose of Disbursement INTERNET AND CABLE SERVICES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	940.02
<b>TOTAL</b> 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 89 OF 107			
	<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) <b>A. DATAMAX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address 7400 KANIS RD		Amount of Each Disbursement this Period 490.50 <b>Transaction ID : SB17.I1540</b>
City LITTLE ROCK	State AR	
Zip Code 72204	Purpose of Disbursement COPIER RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DIRECT MAIL SYSTEMS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 12450 AUTOMOBILE BOULEVARD		Amount of Each Disbursement this Period 2517.04 <b>Transaction ID : SB17.I1495</b>
City CLEARWATER	State FL	
Zip Code 33762	Purpose of Disbursement DIRECT MAIL SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DIRECT MAIL SYSTEMS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 12450 AUTOMOBILE BOULEVARD		Amount of Each Disbursement this Period 1350.00 <b>Transaction ID : SB17.I1548</b>
City CLEARWATER	State FL	
Zip Code 33762	Purpose of Disbursement DIRECT MAIL SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4357.54
<b>TOTAL</b> 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 90 OF 107			
	<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) <b>A. HOOK SOLUTIONS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address 403 FIRST ST SE			Amount of Each Disbursement this Period 750.00		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.I1549		
Purpose of Disbursement BOOK CLUB FUNDRAISING EVENT		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. IMPACT MANAGEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016		
Mailing Address 124 WEST CAPITOL AVENUE SUITE 1886			Amount of Each Disbursement this Period 16525.89		
City LITTLE ROCK	State AR	Zip Code 72201	Transaction ID : SB17.I1538		
Purpose of Disbursement DIRECT MAIL AND RESEARCH		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. IMPACT MANAGEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016		
Mailing Address 124 WEST CAPITOL AVENUE SUITE 1886			Amount of Each Disbursement this Period 3000.00		
City LITTLE ROCK	State AR	Zip Code 72201	Transaction ID : SB17.I1563		
Purpose of Disbursement DIRECT MIAL AND RESEARCH		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20275.89
<b>TOTAL</b> 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 91 OF 107			
	<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) <b>A. KUDLOW &amp; CO. LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address 301 TAHMORE DR			Amount of Each Disbursement this Period 849.00		
City FAIRFIELD	State CT	Zip Code 06825	Transaction ID : SB17.I1544		
Purpose of Disbursement CONSULTING - FUNDRAISING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. LOST FORTY BREWING AND TAPROOM</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016		
Mailing Address 501 BYRD ST			Amount of Each Disbursement this Period 148.31		
City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID : SB17.I1567		
Purpose of Disbursement FUNDRAISING EVENT - ROOM RENTAL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016		
Mailing Address 911 PANORAMA TRAIL SOUTH			Amount of Each Disbursement this Period 538.34		
City ROCHESTER	State NY	Zip Code 14625	Transaction ID : SB17.I1551		
Purpose of Disbursement PAYROLL TAXES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1535.65
<b>TOTAL</b> 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 92 OF 107	
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 8.50	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE	Transaction ID : SB17.I1554	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>B.</b> Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 298.38	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1555	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>C.</b> Full Name (Last, First, Middle Initial) PEARTREE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016	
Mailing Address 52 EDGEHILL RD		Amount of Each Disbursement this Period 1595.00	
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement MONTHLY RENT	Transaction ID : SB17.I1570	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1901.88
<b>TOTAL</b> 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 93 OF 107			
	<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) <b>A. PROSPECT BUILDING</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 1501 N. UNIVERSITY AVENUE		Amount of Each Disbursement this Period 408.12 <b>Transaction ID : SB17.I1496</b>
City LITTLE ROCK	State AR Zip Code 72207	
Purpose of Disbursement MONTHLY RENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RAISE THE MONEY, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 9.00 <b>Transaction ID : SB17.I1504</b>
City LITTLE ROCK	State AR Zip Code 72221	
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RAISE THE MONEY, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 17.75 <b>Transaction ID : SB17.I1505</b>
City LITTLE ROCK	State AR Zip Code 72221	
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	434.87
<b>TOTAL</b> 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 94 OF 107			
	<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) <b>A. RAISE THE MONEY, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016	
Mailing Address P.O. BOX 26466			Amount of Each Disbursement this Period 398.75	
City LITTLE ROCK	State AR	Zip Code 72221	Transaction ID : SB17.I1506	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RAISE THE MONEY, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016	
Mailing Address P.O. BOX 26466			Amount of Each Disbursement this Period 17.75	
City LITTLE ROCK	State AR	Zip Code 72221	Transaction ID : SB17.I1507	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RAISE THE MONEY, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016	
Mailing Address P.O. BOX 26466			Amount of Each Disbursement this Period 62.50	
City LITTLE ROCK	State AR	Zip Code 72221	Transaction ID : SB17.I1508	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	479.00
<b>TOTAL</b> 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 95 OF 107			
	<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) <b>A. RAISE THE MONEY, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 141.25 <b>Transaction ID : SB17.I1509</b>
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. RAISE THE MONEY, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 44.25 <b>Transaction ID : SB17.I1541</b>
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. RAISE THE MONEY, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 127.50 <b>Transaction ID : SB17.I1542</b>
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	313.00
<b>TOTAL</b> 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 96 OF 107			
	<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) <b>A. RAISE THE MONEY, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2016</b>
Mailing Address <b>P.O. BOX 26466</b>		Amount of Each Disbursement this Period <b>275.72</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72221</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEES</b>	<b>Transaction ID : SB17.I1575</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SECURITY BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2016</b>
Mailing Address <b>P.O. BOX 22116</b>		Amount of Each Disbursement this Period <b>1703.35</b>
City <b>TULSA</b>	State <b>OK</b>	
Zip Code <b>74121</b>	Purpose of Disbursement <b>CREDIT CARD PAYMENT - SEE MEMO ITEMS</b>	<b>Transaction ID : SB17.I1512</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CREDIT CARD PAYMENT - SEE MEMO ITEMS</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BOB'S GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2016</b>
Mailing Address <b>1112 OAK ST</b>		Amount of Each Disbursement this Period <b>22.64</b>
City <b>CONWAY</b>	State <b>AR</b>	
Zip Code <b>72032</b>	Purpose of Disbursement <b>CAMPAIGN TRAVEL MEAL</b>	<b>Transaction ID : SB17.I1528</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1979.07</b>
<b>TOTAL</b> 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 97 OF 107			
	<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. CAMPAIGN FINANCIAL SERVICES**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824-0844

Purpose of Disbursement REGIST. HOUSE RETREAT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 26 / 2016

Amount of Each Disbursement this Period: 764.00

Transaction ID : SB17.I1519

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 1/26/16

Full Name (Last, First, Middle Initial)  
**B. CURB**

Mailing Address 5904 RICHMOND HIGHWAY, SUITE 600

City ALEXANDRIA State VA Zip Code 22303

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 26 / 2016

Amount of Each Disbursement this Period: 10.55

Transaction ID : SB17.I1520

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 1/26/16

Full Name (Last, First, Middle Initial)  
**C. CURB**

Mailing Address 5904 RICHMOND HIGHWAY, SUITE 600

City ALEXANDRIA State VA Zip Code 22303

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 26 / 2016

Amount of Each Disbursement this Period: 12.01

Transaction ID : SB17.I1522

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 1/26/16

**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 98 OF 107			
	<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. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 26 / 2016

Amount of Each Disbursement this Period: 11.83

Transaction ID : SB17.I1521

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 1/26/16

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 INTERNET ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 26 / 2016

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.I1530

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 1/26/16

Full Name (Last, First, Middle Initial)

**C. HYATT REGENCY WASHINGTON ON CAPITOL HILL**

Mailing Address 400 NEW JERSEY AVENUE, N.W.

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 26 / 2016

Amount of Each Disbursement this Period: 197.55

Transaction ID : SB17.I1523

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 1/26/16

**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 99 OF 107			
	<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) <b>A. MAILCHIMP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 512 MEANS STREET, SUITE 404		Amount of Each Disbursement this Period 30.00
City ALTANTA	State GA	
Zip Code 30318	Purpose of Disbursement INTERNET ADVERTISING	Transaction ID : SB17.I1517
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL PRAYER BREAKFAST</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 1919 CONNECTICUT AVENUE, NW		Amount of Each Disbursement this Period 350.00
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement TICKETS TO EVENT	Transaction ID : SB17.I1527
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NYC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 33 BEAVER STREET		Amount of Each Disbursement this Period 11.16
City NEW YORK CITY	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1514
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 100 OF 107			
	<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) <b>A. NYC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 33 BEAVER STREET		Amount of Each Disbursement this Period 11.75
City NEW YORK CITY	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1515
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 33 BEAVER STREET		Amount of Each Disbursement this Period 12.90
City NEW YORK CITY	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1516
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 24.50
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement SUPPLIES	Transaction ID : SB17.I1526
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 101 OF 107			
	<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) <b>A. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 800 MARKET STREET		Amount of Each Disbursement this Period 47.32
City SAN FRANCISCO	State CA	
Zip Code 94102	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1518
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US HOUSE OF REPRESENTATIVES OFFICE SUPPLY SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 217 NEW JERSEY AVE SE		Amount of Each Disbursement this Period 54.46
City WASHINGTON	State DC	
Zip Code 20515	Purpose of Disbursement STATIONARY	Transaction ID : SB17.I1525
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 98.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I1529
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 1/26/16
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 102 OF 107	
	<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) <b>A. V.I.P CAB COMPANY - WASHINGTON DC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 2606 BLADENSBURG ROAD			Amount of Each Disbursement this Period 13.79	
City WASHINGTON	State DC	Zip Code 20018	Transaction ID : SB17.I1524	
Purpose of Disbursement TRAVEL		Category/ Type	[MEMO ITEM]	
Candidate Name			ITEMIZED CREDIT CARD PAYMENT 1/26/16	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. YELLOW CAB COMPANY OF DC, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 1636 BLADENSBURG RD. NE			Amount of Each Disbursement this Period 10.89	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.I1513	
Purpose of Disbursement TRAVEL		Category/ Type	[MEMO ITEM]	
Candidate Name			ITEMIZED CREDIT CARD PAYMENT 1/26/16	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SECURITY BANKCARD</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2016	
Mailing Address P.O. BOX 22116			Amount of Each Disbursement this Period 55.15	
City TULSA	State OK	Zip Code 74121	Transaction ID : SB17.I1531	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS		Category/ Type	CREDIT CARD PAYMENT - SEE MEMO ITEMS	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55.15
<b>TOTAL</b> 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 103 OF 107	
	<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) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2016
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 55.15
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1583</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> ITEMIZED CREDIT CARD PAYMENT 1/16/16

Full Name (Last, First, Middle Initial) <b>B. SIMMONS FIRST NATIONAL BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 77.95
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1571</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SIMMONS FIRST NATIONAL BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 77.75
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1576</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	155.70
<b>TOTAL</b> 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 104 OF 107			
	<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) <b>A. THE OORBEEK GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.I1572</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CONSULTING - FUNDRAISING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE OORBEEK GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.I1573</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CONSULTING - FUNDRAISING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE OORBEEK GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 833.95 <b>Transaction ID : SB17.I1580</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement REIMBURSEMENT PAYMENT - SEE MEMO ITEMS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5833.95
<b>TOTAL</b> 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 105 OF 107			
	<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) <b>A. AQUA 301</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 301 WATER ST SE		Amount of Each Disbursement this Period 723.36
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING EVENT CATERING	Transaction ID : SB17.I1581
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED REIMBURSEMENT PAYMENT 1/4/2016
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MILITARY ART COLLECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address P.O. BOX 808		Amount of Each Disbursement this Period 110.59
City CONTOOCOOK	State NH	
Zip Code 03229	Purpose of Disbursement FUNDRAISING EVENT SUPPLIES	Transaction ID : SB17.I1582
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED REIMBURSEMENT PAYMENT 1/4/2016
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE WICKERS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 10000.00
City SAN FRANCISCO	State CA	
Zip Code 94109	Purpose of Disbursement RESEARCH	Transaction ID : SB17.I1497
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> 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 106 OF 107	
	<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) <b>A. THE WICKERS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 340000.00 <b>Transaction ID : SB17.I1566</b>
City SAN FRANCISCO State CA Zip Code 94109	Category/Type	
Purpose of Disbursement MEDIA BUY	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THOMAS &amp; THOMAS, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 201 E. MARKHAM STREET, SUITE 500		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.I1534</b>
City LITTLE ROCK State AR Zip Code 72201	Category/Type	
Purpose of Disbursement ACCOUNTING & COMPLIANCE	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TRIANGLE INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address 4704 WEST COMMERCIAL DRIVE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.I1537</b>
City NORTH LITTLE ROCK State AR Zip Code 72116	Category/Type	
Purpose of Disbursement INSURANCE	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	342500.00
<b>TOTAL</b> 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 107 OF 107			
	<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) <b>A. TRIVIA MARKETING</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016		
Mailing Address 1100 W. MARKHAM STREET			Amount of Each Disbursement this Period 596.78		
City LITTLE ROCK	State AR	Zip Code 72201	Transaction ID : SB17.I1561		
Purpose of Disbursement T-SHIRTS		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. TROOP 30</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016		
Mailing Address 2223 DERWOOD ROAD			Amount of Each Disbursement this Period 4234.04		
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I1578		
Purpose of Disbursement 2014 CHRISTMAS CARDS		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. US POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016		
Mailing Address 5420 KAVANAUGH BOULEVARD			Amount of Each Disbursement this Period 70.00		
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I1562		
Purpose of Disbursement POSTAGE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4900.82
<b>TOTAL</b> This Period (last page this line number only).....	418558.38