



**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))....	181379.52	569177.44
(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)).....	181379.52	568827.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	53489.51	217188.26
(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)).....	53489.51	215172.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	542590.25	
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).....	28550.00	205950.00
(ii) Unitemized.....	1375.00	6130.00
(iii) TOTAL of contributions from individuals ▶	29925.00	212080.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	151454.52	357097.44
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	181379.52	569177.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	39820.75	39820.75
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	221200.27	611013.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53489.51	217188.26
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	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) ►	53489.51	217538.26

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	374879.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	221200.27
25. SUBTOTAL (add Line 23 and Line 24).....	596079.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53489.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	542590.25

**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 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. PHIL B. ALBERT**

Mailing Address 2508 E 30TH ST.

City State Zip Code  
TULSA OK 74114-5623

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PELCO STRUCTURAL, LLC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3769**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK H. ALLISON**

Mailing Address 39 MASTERS PLACE DR.

City State Zip Code  
MAUMELLE AR 72113-7021

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DOVER DIXON HORNE ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3779**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 4718 KAVANAUGH

City State Zip Code  
LITTLE ROCK AR 72207-5419

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JOHN W. BAKER MD PA PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3736**

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 95
	<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. LANEY N. BRIGGS**

Mailing Address 1 LENON DR.

City State Zip Code  
LITTLE ROCK AR 72207-5134

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

Name of Employer Occupation  
BANK OF ENGLAND MORTGAGE 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  
09 / 25 / 2015

**Transaction ID : SA11.3780**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. DEE BUCHANAN**

Mailing Address 2604 VALLEY DRIVE

City State Zip Code  
ALEXANDRIA VA 22302-2843

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

Name of Employer Occupation  
OGILVY GOVERNMENT RELATIONS PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

**Transaction ID : SA11.3685**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RANDY BYNUM**

Mailing Address 5201 HAWTHORNE ROAD

City State Zip Code  
LITTLE ROCK AR 72207-3713

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

Name of Employer Occupation  
DOVER DIXON HORNE, P.L.L.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  
09 / 25 / 2015

**Transaction ID : SA11.3876**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 95
	<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. CLINT CARLSON**

Mailing Address 2100 MCKINNEY AVE.  
STE. 1600

City DALLAS State TX Zip Code 75201-2171

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

Name of Employer CARLSON CAPITAL Occupation 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  
 09 / 03 / 2015

**Transaction ID : SA11.3771**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 9273 LERWICK DRIVE

City DUBLIN State OH Zip Code 43017-9492

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

Name of Employer CGCN GROUP, LLC Occupation PARTNER

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  
 08 / 17 / 2015

**Transaction ID : SA11.3708**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. LESLEY D. COLE**

Mailing Address 12700 BART MORELAND DRIVE

City ROLAND State AR Zip Code 72135-9393

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

Name of Employer METHODIST FAMILY HEALTH Occupation CFO

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  
 09 / 21 / 2015

**Transaction ID : SA11.3737**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 95
	<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)  
**JAY N. CRANFORD III**

Mailing Address 4136 N RICHMOND ST

City ARLINGTON State VA Zip Code 22207-4816

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

Name of Employer CGCN GROUP Occupation 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  
 08 / 17 / 2015

**Transaction ID : SA11.3710**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JUSTIN DALY**

Mailing Address PO BOX 1301

City GREAT FALLS State VA Zip Code 22066-8301

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

Name of Employer DALY CONSULTING GROUP 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  
 07 / 07 / 2015

**Transaction ID : SA11.3872**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEVE DAUGHERTY**

Mailing Address 7107 FERNDAL CUTOFF

City LITTLE ROCK State AR Zip Code 72223-9430

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  
 08 / 17 / 2015

**Transaction ID : SA11.3700**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. STEVEN A. DUNNAGAN**

Mailing Address 150 HICKORY CREEK CIRCLE

City State Zip Code  
LITTLE ROCK AR 72212-2511

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

Name of Employer Occupation  
RADIOLOGY ASSOCIATES, P.A. PHYSICIAN

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  
09 / 22 / 2015

**Transaction ID : SA11.3777**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SENATOR JANE ENGLISH**

Mailing Address 3 GREAT OAK COURT

City State Zip Code  
NORTH LITTLE ROCK AR 72116-5167

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  
09 / 26 / 2015

**Transaction ID : SA11.3782**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. HARRY C. ERWIN**

Mailing Address 17 GLENRIDGE ROAD

City State Zip Code  
LITTLE ROCK AR 72227-2229

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

Name of Employer Occupation  
ERWIN AND COMPANY C.P.A.

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  
09 / 28 / 2015

**Transaction ID : SA11.3797**

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 10 OF 95
	<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. TERRI ERWIN**

Mailing Address **17 GLENRIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-2229**

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 **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : SA11.3798**

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

**B.** 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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : SA11.3776**

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

**C.** Full Name (Last, First, Middle Initial)  
**SAM GEDULDIG**

Mailing Address **1101 K STREET, NW  
SUITE 650**

City **WASHINGTON** State **DC** Zip Code **20005-4048**

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

Name of Employer **CGCN GROUP** Occupation **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  
**08 / 17 / 2015**

**Transaction ID : SA11.3709**

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

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

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

**3450.00**

**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 95  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11.3817**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SARAH CATHERINE PHILLIPS GUTIERREZ**

Mailing Address 200 RIVER MARKET 603

City State Zip Code  
LITTLE ROCK AR 72201-1778

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

Name of Employer Occupation  
SCJ ENTERPRISES, LLC 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  
 09 / 26 / 2015

**Transaction ID : SA11.3781**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. HARRY HASTINGS JR.**

Mailing Address 33 SHERRILL ROAD

City State Zip Code  
LITTLE ROCK AR 72202-1516

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

Name of Employer Occupation  
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  
 09 / 22 / 2015

**Transaction ID : SA11.3803**

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: PAGE 12 OF 95  
(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. STAN HASTINGS**

Mailing Address **24 SHERRILL ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72202-1516**

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

Name of Employer **MOON DISTRIBUTORS** Occupation **OWNER**

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  
**09 / 22 / 2015**

**Transaction ID : SA11.3778**

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

**B.** Full Name (Last, First, Middle Initial)  
**JAMES E. HYLAND**

Mailing Address **8427 FALCONE POINTE WAY**

City **VIENNA** State **VA** Zip Code **22182-5321**

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

Name of Employer **THE PENNSLVANIA AVENUE GROUP** Occupation **CONSULTANT**

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  
**09 / 23 / 2015**

**Transaction ID : SA11.3799**

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

**C.** Full Name (Last, First, Middle Initial)  
**BRANT IMPERATORE**

Mailing Address **1028 33RD ST NW, STE 200**

City **WASHINGTON** State **DC** Zip Code **20007-3571**

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

Name of Employer **THE CYPRESS GROUP** Occupation **PUBLIC AFFAIRS**

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  
**08 / 04 / 2015**

**Transaction ID : SA11.3686**

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: PAGE 13 OF 95  
(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)  
**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 **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 05 / 2015**

**Transaction ID : SA11.3698**

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

**B.** Full Name (Last, First, Middle Initial)  
**MS. HOPE JARKOWSKI**

Mailing Address **243 NORTH HIGHLAND STREET**

City **ARLINGTON** State **VA** Zip Code **22201-1250**

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

Name of Employer **DELTA STRATEGY GROUP** Occupation **PARTNER - GOVERNMENT AFFAIRS**

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  
**07 / 28 / 2015**

**Transaction ID : SA11.3683**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. AARON LUBIN**

Mailing Address **P.O. BOX 21815**

City **LITTLE ROCK** State **AR** Zip Code **72221-**

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 28 / 2015**

**Transaction ID : SA11.3682**

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

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

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

**3450.00**

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

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

FOR LINE NUMBER: PAGE 14 OF 95  
(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. WALTER NUNNELLY**

Mailing Address **4 OAKMONT COURT**

City **LITTLE ROCK** State **AR** Zip Code **72212-3309**

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  
**07 / 06 / 2015**

**Transaction ID : SA11.3673**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. BERT PARKER**

Mailing Address **21 RIVER RIDGE RD.**

City State Zip Code  
**AR 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  
**500.00**

Date of Receipt  
**08 / 21 / 2015**

**Transaction ID : SA11.3730**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARVIN PARKS**

Mailing Address **4 WOODSIDE**

City **SHERWOOD** State **AR** Zip Code **72120-9675**

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

Name of Employer **POLITICAL AFFAIRS** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**09 / 17 / 2015**

**Transaction ID : SA11.3765**

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN B. 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  
 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  
 09 23 2015

**Transaction ID : SA11.3754**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**VICKI PEVAHOUSE**

Mailing Address 3 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  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 23 2015

**Transaction ID : SA11.3756**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. TRACEY RANCIFER**

Mailing Address 401 WELLINGTON WOODS LOOP

City State Zip Code  
 LITTLE ROCK AR 72211-2086

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

Name of Employer Occupation  
 AUSUM REALTY INC. PRINCIPAL BROKER/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  
 09 23 2015

**Transaction ID : SA11.3755**

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 16 OF 95  
(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. MARK SAVIERS**  
 Mailing Address 1701 CENTERVIEW DRIVE  
 SUITE 312 ATTN: VICKI AND MARK SAV  
 City State Zip Code  
 LITTLE ROCK AR 72211-4313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SAVIERS PARTNERS, L.L.C. COMMERCIAL REAL ESTATE  
 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  
 07 / 20 / 2015  
**Transaction ID : SA11.3873**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW M. STERN**  
 Mailing Address 13355 NOEL ROAD  
 SUITE 1000  
 City State Zip Code  
 DALLAS TX 75240-6691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SUNWEST COMMUNICATIONS 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  
 09 / 01 / 2015  
**Transaction ID : SA11.3757**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GREG THOMPSON**  
 Mailing Address 429 MAIN STREET  
 City State Zip Code  
 NORTH LITTLE ROCK AR 72114-5327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GREG THOMPSON FINE ART 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  
 09 / 26 / 2015  
**Transaction ID : SA11.3783**  
 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 17 OF 95  
(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. WARREN TRYON**  
 Mailing Address 216 9TH ST. SE  
 City State Zip Code  
 WASHINGTON DC 20003-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAPITOL COUNSEL CONSULTANT  
 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  
 09 23 2015  
**Transaction ID : SA11.3738**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GUS M. VRATSINAS**  
 Mailing Address 69 PINEHURST CIRCLE  
 City State Zip Code  
 LITTLE ROCK AR 72212-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VRATSINAS ENTERPRISES L.L.C. MANAGING MEMBER  
 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  
 08 18 2015  
**Transaction ID : SA11.3728**  
 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  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 21 2015  
**Transaction ID : SA11.3731**  
 Amount of Each Receipt this Period  
 500.00  
 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 18 OF 95
	<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)  
**HUNTON & WILLIAMS, LLP**

Mailing Address 2200 PENNSLVANIA AVENUE, N.W.

City WASHINGTON State DC Zip Code 20037-1709

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11.3697**

Amount of Each Receipt this Period  
700.00

CONTRIBUTION

PARTNER ATTRIBUTION OF 223 PARTNERS BELOW ITEMIZED FILING THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**HUNTON & WILLIAMS, LLP**

Mailing Address 2200 PENNSLVANIA AVENUE, N.W.

City WASHINGTON State DC Zip Code 20037-1709

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11.3881**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

PARTNER ATTRIBUTION OF 223 PARTNERS BELOW ITEMIZED FILING THRESHOLD

**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).....

1000.00

28550.00

**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 95
	<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)  
**FRIENDS OF JEB HENSARLING**

Mailing Address P.O. BOX 820504

City State Zip Code  
DALLAS TX 75382-0504

FEC ID number of contributing federal political committee. **C C00370650**

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  
 09 / 30 / 2015

**Transaction ID : SA11.3882**

Amount of Each Receipt this Period  
454.52

CONTRIBUTION

IN KIND - VALET/PRINTING & SHIPPING/LIST RENTAL

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

Mailing Address 2900 CLEARVIEW PARKWAY SUITE 206

City State Zip Code  
METAIRIE LA 70006-6532

FEC ID number of contributing federal political committee. **C C00394957**

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  
 08 / 13 / 2015

**Transaction ID : SA11.3733**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

Mailing Address 2900 CLEARVIEW PARKWAY SUITE 206

City State Zip Code  
METAIRIE LA 70006-6532

FEC ID number of contributing federal political committee. **C C00394957**

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  
 08 / 13 / 2015

**Transaction ID : SA11.3734**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

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

4454.52

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

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

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 11a  11b  11c  11d  
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NAME OF COMMITTEE (In Full)  
**French Hill for Arkansas**

A. Full Name (Last, First, Middle Initial)  
**THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVER**

Mailing Address **975 F ST NW**  
 City **WASHINGTON** State **DC** Zip Code **20004-1454**

FEC ID number of contributing federal political committee. **C C00410266**

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  
**08 / 11 / 2015**  
**Transaction ID : SA11.3720**

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

B. Full Name (Last, First, Middle Initial)  
**ACE CASH EXPRESS, INC. PAC**

Mailing Address **1231 GREENWAY DR #600**  
 City **IRVING** State **TX** Zip Code **75038-2511**

FEC ID number of contributing federal political committee. **C C00392290**

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  
**09 / 23 / 2015**  
**Transaction ID : SA11.3748**

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

C. Full Name (Last, First, Middle Initial)  
**AEGON USA, LLC/TRANSAMERICA CORPORATION PAC**

Mailing Address **600 13TH ST NW**  
 City **WASHINGTON** State **DC** Zip Code **20005-3005**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2015**  
**Transaction ID : SA11.3714**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

**4500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 95
	<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)  
**AEGON USA, LLC/TRANSAMERICA CORPORATION PAC**

Mailing Address 600 13TH ST NW

City WASHINGTON State DC Zip Code 20005-3005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11.3802**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AFIT-PAC**

Mailing Address 1625 PRINCE STREET SUITE 225

City ALEXANDRIA State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C C00250399**

Name of Employer Occupation

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  
 07 / 24 / 2015

**Transaction ID : SA11.3676**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address 1932 WYNNNTON RD.

City COLUMBUS State GA Zip Code 31999-0001

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

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  
 09 / 23 / 2015

**Transaction ID : SA11.3742**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

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

8000.00

**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 95
	<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)  
**AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL A**

Mailing Address 421 AVIATION WAY

City State Zip Code  
FREDERICK MD 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

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  
 09 / 24 / 2015

**Transaction ID : SA11.3804**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AKSM UROLOGY PAC**

Mailing Address 100 W 3RD AVENUE  
SUITE 350

City State Zip Code  
COLUMBUS OH 43201-7205

FEC ID number of contributing federal political committee. **C** C00489419

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  
 09 / 04 / 2015

**Transaction ID : SA11.3761**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALLIANCE DATA SYSTEMS CORPORATION - EPSILON DATA M**

Mailing Address 7500 DALLAS PKWY

City State Zip Code  
PLANO TX 75024-4019

FEC ID number of contributing federal political committee. **C** C00551812

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  
 07 / 20 / 2015

**Transaction ID : SA11.3875**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

6000.00

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

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

FOR LINE NUMBER: (check only one)  
 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)  
**AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 801 PENNSYLVANIA AVE NW

City State Zip Code  
D.C. DC 20004-2615

FEC ID number of contributing federal political committee. **C C00040535**

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  
 07 / 24 / 2015

**Transaction ID : SA11.3678**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWN**

Mailing Address 1201 15TH ST NW STE 400

City State Zip Code  
D.C. DC 20005-2899

FEC ID number of contributing federal political committee. **C C00358663**

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  
 08 / 04 / 2015

**Transaction ID : SA11.3690**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 912 WEST

City State Zip Code  
D.C. DC 20001-2133

FEC ID number of contributing federal political committee. **C C00414474**

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  
 09 / 16 / 2015

**Transaction ID : SA11.3767**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 95
	<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)  
**ARNOLD & PORTER LLP PARTNERS POLITICAL ACTION COMM**

Mailing Address 555 12TH ST NW

City WASHINGTON State DC Zip Code 20004-1200

FEC ID number of contributing federal political committee. **C C00216895**

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  
 08 / 17 / 2015

**Transaction ID : SA11.3711**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED EQUIPMENT DISTRIBUTORS PAC**

Mailing Address 121 NORTH HENRY STREET

City ALEXANDRIA State VA Zip Code 22314-2903

FEC ID number of contributing federal political committee. **C C00010124**

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  
 08 / 04 / 2015

**Transaction ID : SA11.3691**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE**

Mailing Address 440 FIRST STREET, N.W.  
SUITE 200

City WASHINGTON State DC Zip Code 20001-2376

FEC ID number of contributing federal political committee. **C C00010421**

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  
 09 / 18 / 2015

**Transaction ID : SA11.3784**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

4500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 95
	<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)  
**ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AA)**

Mailing Address 11921 FREEDOM DR

City RESTON State VA Zip Code 20190-5667

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015

**Transaction ID : SA11.3689**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AXA EQUITABLE LIFE INSURANCE COMPANY POLITICAL ACT**

Mailing Address 1290 6TH AVE

City NY State NY Zip Code 10104-0101

FEC ID number of contributing federal political committee. **C** C00161901

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  
 09 / 23 / 2015

**Transaction ID : SA11.3744**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BNY MELLON-FEDERAL PAC**

Mailing Address BNY MELLON CENTER ROOM 3225

City PITTSBURGH State PA Zip Code 15258-0001

FEC ID number of contributing federal political committee. **C** C00494534

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  
 09 / 23 / 2015

**Transaction ID : SA11.3745**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 95
	<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)  
**CASH AMERICA INTERNATIONAL INC. POLITICAL ACTION C**

Mailing Address 1600 W 7TH ST

City State Zip Code  
FORT WORTH TX 76102-2504

FEC ID number of contributing federal political committee. **C** C00275529

Name of Employer Occupation

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  
 09 / 23 / 2015

**Transaction ID : SA11.3751**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERA**

Mailing Address 1101 PENNSYLVANIA AVE NW

City State Zip Code  
WASHINGTON DC 20004-2504

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

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  
 08 / 17 / 2015

**Transaction ID : SA11.3701**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERA**

Mailing Address 1101 PENNSYLVANIA AVE NW

City State Zip Code  
WASHINGTON DC 20004-2504

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

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  
 08 / 17 / 2015

**Transaction ID : SA11.3702**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 95
	<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)  
**CME GROUP INC. PAC**

Mailing Address 20 S WACKER DR

City CHGO State IL Zip Code 60606-7431

FEC ID number of contributing federal political committee. **C C00076299**

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  
 07 / 24 / 2015

**Transaction ID : SA11.3679**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C C00469429**

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  
 09 / 12 / 2015

**Transaction ID : SA11.3741**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

Mailing Address 3551 W HAMLIN RD

City AUBURN HILLS State MI Zip Code 48326-2852

FEC ID number of contributing federal political committee. **C C00393173**

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  
 09 / 23 / 2015

**Transaction ID : SA11.3749**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 28 OF 95  
(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)  
**COMPASS BANC PAC**

Mailing Address P.O. BOX 10566

City State Zip Code  
BIRMINGHAM AL 35205-

FEC ID number of contributing federal political committee. **C C00142596**

Name of Employer Occupation

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  
 08 / 17 / 2015

**Transaction ID : SA11.3712**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC**

Mailing Address 12176 CHANCERY STATION CIRCLE

City State Zip Code  
RESTON VA 20190-5803

FEC ID number of contributing federal political committee. **C C00404392**

Name of Employer Occupation

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  
 09 / 09 / 2015

**Transaction ID : SA11.3772**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVE NW

City State Zip Code  
D.C. DC 20004-2601

FEC ID number of contributing federal political committee. **C C00007880**

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  
 09 / 02 / 2015

**Transaction ID : SA11.3724**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 95
	<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. DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DT**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 WASHINGTON ST., STE 115

City ALEXANDRIA State VA Zip Code 22314-5408

FEC ID number of contributing federal political committee. **C C00497917**

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  
 07 / 24 / 2015

**Transaction ID : SA11.3680**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B. EQUIFAX INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1550 PEACHTREE ST NW

City ATLANTA State GA Zip Code 30309-2402

FEC ID number of contributing federal political committee. **C C00143867**

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  
 09 / 02 / 2015

**Transaction ID : SA11.3762**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. ERNST & YOUNG PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 NEW YORK AVENUE, N.W.

City WASHINGTON State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11.3792**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 95
	<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)  
**ERNST & YOUNG PAC**

Mailing Address 1101 NEW YORK AVENUE, N.W.

City WASHINGTON State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11.3810**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C C00467431**

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  
 08 / 12 / 2015

**Transaction ID : SA11.3729**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FINANCIAL SERVICES ROUNDTABLE PAC**

Mailing Address 600 13TH ST NW

City WASHINGTON State DC Zip Code 20005-3005

FEC ID number of contributing federal political committee. **C C00193177**

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  
 07 / 27 / 2015

**Transaction ID : SA11.3684**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 95  
(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)  
**FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDE)**

Mailing Address **245 SUMMER ST**

City **BOSTON** State **MA** Zip Code **02210-1133**

FEC ID number of contributing federal political committee. **C C00380550**

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  
**08 / 11 / 2015**

**Transaction ID : SA11.3719**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address **PO BOX 1084**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72115-1084**

FEC ID number of contributing federal political committee. **C C00559609**

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  
**08 / 21 / 2015**

**Transaction ID : SA11.3732**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GULF STATES TOYOTA INC FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **1375 ENCLAVE PARKWAY**

City **HOUSTON** State **TX** Zip Code **77077-2026**

FEC ID number of contributing federal political committee. **C C00349373**

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  
**09 / 28 / 2015**

**Transaction ID : SA11.3808**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 95
	<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)  
**HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH ST NW  
SUITE 500

City State Zip Code  
D.C. DC 20001-3965

FEC ID number of contributing federal political committee. **C C00376038**

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  
09 / 17 / 2015

**Transaction ID : SA11.3766**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HSBC NORTH AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 1401 I ST NW

City State Zip Code  
WASHINGTON DC 20005-2225

FEC ID number of contributing federal political committee. **C C00033423**

Name of Employer Occupation

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  
09 / 21 / 2015

**Transaction ID : SA11.3801**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL**

Mailing Address 1615 L ST NW

City State Zip Code  
WASHINGTON DC 20036-5610

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : SA11.3681**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

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

5500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 95
	<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)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA,**

Mailing Address 20 F ST NW

City WASHINGTON State DC Zip Code 20001-6700

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11.3715**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA,**

Mailing Address 20 F ST NW

City WASHINGTON State DC Zip Code 20001-6700

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11.3716**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA,**

Mailing Address 20 F ST NW

City WASHINGTON State DC Zip Code 20001-6700

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015

**Transaction ID : SA11.3739**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 95
	<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)  
**INDEPENDENT BANKERS ASSOCIATION OF TEXAS (IBAT FED**

Mailing Address 1700 RIO GRANDE ST

City AUSTIN State TX Zip Code 78701-1124

FEC ID number of contributing federal political committee. **C** C00332841

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  
 09 / 23 / 2015

**Transaction ID : SA11.3740**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INSURED RETIREMENT INSTITUTE POLITICAL ACTION COMM**

Mailing Address 1100 VERMONT AVE NW

City D.C. State DC Zip Code 20005-6327

FEC ID number of contributing federal political committee. **C** C00490474

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  
 08 / 05 / 2015

**Transaction ID : SA11.3695**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMM**

Mailing Address 1401 H ST NW

City D.C. State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11.3713**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 35 OF 95  
(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)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMM**  
 Mailing Address 1401 H ST NW  
 City State Zip Code  
 D.C. DC 20005-2110  
 FEC ID number of contributing federal political committee. **C** C00105981  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : SA11.3793**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMM**  
 Mailing Address 1401 H ST NW  
 City State Zip Code  
 D.C. DC 20005-2110  
 FEC ID number of contributing federal political committee. **C** C00105981  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : SA11.3877**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY, AND BUDGET FUND**  
 Mailing Address P.O. BOX 30844  
 City State Zip Code  
 BETHESDA MD 20824-0844  
 FEC ID number of contributing federal political committee. **C** C00420695  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015  
**Transaction ID : SA11.3796**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 95
	<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)  
**KOCH PAC**

Mailing Address **600 14TH STREET, N.W.  
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20005-2099**

FEC ID number of contributing federal political committee. **C C00236489**

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  
**09 / 17 / 2015**

**Transaction ID : SA11.3775**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC**

Mailing Address **P.O. BOX 18254**

City **WASHINGTON** State **DC** Zip Code **20036-8254**

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 02 / 2015**

**Transaction ID : SA11.3723**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE COMPANY - PAC**

Mailing Address **175 BERKELEY ST**

City **BOSTON** State **MA** Zip Code **02116-5066**

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**8500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2015**

**Transaction ID : SA11.3795**

Amount of Each Receipt this Period  
**3500.00**  
 CONTRIBUTION

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

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

**8000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 95
	<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)  
**LIBERTY MUTUAL INSURANCE COMPANY - PAC**

Mailing Address 175 BERKELEY ST

City State Zip Code  
BOSTON MA 02116-5066

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : SA11.3806**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMM**

Mailing Address 1300 S CLINTON ST

City State Zip Code  
FORT WAYNE IN 46802-3506

FEC ID number of contributing federal political committee. **C C00110577**

Name of Employer Occupation

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  
 08 / 11 / 2015

**Transaction ID : SA11.3718**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMM**

Mailing Address 1300 S CLINTON ST

City State Zip Code  
FORT WAYNE IN 46802-3506

FEC ID number of contributing federal political committee. **C C00110577**

Name of Employer Occupation

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  
 09 / 24 / 2015

**Transaction ID : SA11.3805**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 38 OF 95  
(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)  
**LOEWS CORPORATION PUBLIC AFFAIRS COMMITTEE**

Mailing Address 667 MADISON AVE

City NY State NY Zip Code 10065-8029

FEC ID number of contributing federal political committee. **C C00416495**

Name of Employer Occupation

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  
 08 / 17 / 2015

**Transaction ID : SA11.3707**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LOVE PAC**

Mailing Address 2470 DANIELLS BRIDGE ROAD  
SUITE 121

City ATHENS State GA Zip Code 30606-6191

FEC ID number of contributing federal political committee. **C C00541680**

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  
 08 / 17 / 2015

**Transaction ID : SA11.3704**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C C00428052**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11.3794**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 39 OF 95  
(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. MAJORITY COMMITTEE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 10134  
 City BAKERSFIELD State CA Zip Code 93389-0134  
 FEC ID number of contributing federal political committee. **C** C00428052  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : SA11.3878**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MARSH & MCLENNAN COMPANIES, INC. PAC (MMCPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1166 6TH AVE  
 City NEW YORK State NY Zip Code 10036-2708  
 FEC ID number of contributing federal political committee. **C** C00457234  
 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  
 07 / 20 / 2015  
**Transaction ID : SA11.3812**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1295 STATE ST  
 City SPRINGFIELD State MA Zip Code 01111-0001  
 FEC ID number of contributing federal political committee. **C** C00118943  
 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  
 09 / 04 / 2015  
**Transaction ID : SA11.3758**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 95
	<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)  
**METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FU**

Mailing Address 1095 6TH AVE

City NEW YORK State NY Zip Code 10036-6797

FEC ID number of contributing federal political committee. **C** C00040923

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  
 09 / 23 / 2015

**Transaction ID : SA11.3807**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 1585 BROADWAY

City NY State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C** C00337626

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  
 08 / 05 / 2015

**Transaction ID : SA11.3694**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MORGAN STANLEY POLITICAL ACTION COMMITTEE**

Mailing Address 1585 BROADWAY

City NY State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C** C00337626

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  
 08 / 05 / 2015

**Transaction ID : SA11.3696**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

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

3500.00



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

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

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(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)  
**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  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 04 / 2015

**Transaction ID : SA11.3688**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL AD**

Mailing Address 2901 TELESTAR CT

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C C00005249**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 02 / 2015

**Transaction ID : SA11.3725**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL AD**

Mailing Address 2901 TELESTAR CT

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C C00005249**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 02 / 2015

**Transaction ID : SA11.3726**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

6500.00

**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 95
	<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 APARTMENT ASSOCIATION POLITICAL ACTION CO**

Mailing Address 4300 WILSON BLVD  
SUITE 400

City ARLINGTON State VA Zip Code 22203-4168

FEC ID number of contributing federal political committee. **C** C00113241

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  
 09 / 23 / 2015

**Transaction ID : SA11.3750**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1101 KING STREET  
SUITE 1600

City ALEXANDRIA State VA Zip Code 22314-2944

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015

**Transaction ID : SA11.3727**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONWIDE MUTUAL INSURANCE COMPANY FINANCIAL & IN**

Mailing Address ONE NATIONWIDE PLAZA, 1-32-301

City COLUMBUS State OH Zip Code 43215-2226

FEC ID number of contributing federal political committee. **C** C00406215

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  
 08 / 17 / 2015

**Transaction ID : SA11.3706**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 95
	<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)  
**NEW YORK LIFE INSURANCE PAC**

Mailing Address 51 MADISON AVENUE  
ROOM 1109

City NEW YORK State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015

**Transaction ID : SA11.3687**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA PAC**

Mailing Address 8700 WEST BRYN MAWR AVENUE  
SUITE 1200S

City CHICAGO State IL Zip Code 60631-3512

FEC ID number of contributing federal political committee. **C C00066472**

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  
 09 / 23 / 2015

**Transaction ID : SA11.3746**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**QUICKEN LOANS INC PAC**

Mailing Address 101 S WASHINGTON SQUARE  
STE. 620

City LANSING State MI Zip Code 48933-1708

FEC ID number of contributing federal political committee. **C C00388827**

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  
 09 / 15 / 2015

**Transaction ID : SA11.3774**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

7500.00

**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)  
**SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERI**  
 Mailing Address 3930 PENDER DR STE 340  
 City State Zip Code  
 FAIRFAX VA 22030-0986  
 FEC ID number of contributing federal political committee. **C C00120030**  
 Name of Employer Occupation  
 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  
 08 04 2015  
**Transaction ID : SA11.3692**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**SUNTRUST PAC**  
 Mailing Address 919 E MAIN ST  
 City State Zip Code  
 RICHMOND VA 23219-4625  
 FEC ID number of contributing federal political committee. **C C00386524**  
 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  
 08 17 2015  
**Transaction ID : SA11.3705**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**THE CHUBB CORPORATION POLITICAL ACTION COMMITTEE-C**  
 Mailing Address 15 MOUNTAINVIEW RD  
 City State Zip Code  
 WARREN NJ 07059-6711  
 FEC ID number of contributing federal political committee. **C C00229203**  
 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  
 08 17 2015  
**Transaction ID : SA11.3703**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 95
	<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)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICA**

Mailing Address 701 PENNSYLVANIA AVE NW  
SUITE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11.3759**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICA**

Mailing Address 701 PENNSYLVANIA AVE NW  
SUITE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11.3874**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COM**

Mailing Address 101 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

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  
 07 / 24 / 2015

**Transaction ID : SA11.3677**

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 46 OF 95
	<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)  
**THE GOOD FUND**

Mailing Address **PO BOX 6572**

City **SPRINGFIELD** State **VA** Zip Code **22150-6572**

FEC ID number of contributing federal political committee. **C C00409185**

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  
**09 / 15 / 2015**

**Transaction ID : SA11.3768**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FED**

Mailing Address **720 E WISCONSIN AVE**

City **MILWAUKEE** State **WI** Zip Code **53202-4703**

FEC ID number of contributing federal political committee. **C C00197095**

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  
**09 / 08 / 2015**

**Transaction ID : SA11.3760**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE**

Mailing Address **801 PENNSYLVANIA AVE NW  
STE 720**

City **D.C.** State **DC** Zip Code **20004-2686**

FEC ID number of contributing federal political committee. **C C00033779**

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  
**09 / 14 / 2015**

**Transaction ID : SA11.3763**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 95
	<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)  
**TRINITY INDUSTRIES EMPLOYEE POLITICAL ACTION COMMI**

Mailing Address 2525 N STEMMONS FWY

City DALLAS State TX Zip Code 75207-2401

FEC ID number of contributing federal political committee. **C** C00268904

Name of Employer Occupation

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  
 09 / 23 / 2015

**Transaction ID : SA11.3747**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**U.S. BANCORP FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 950 F ST NW  
SUITE 750

City WASHINGTON State DC Zip Code 20004-1487

FEC ID number of contributing federal political committee. **C** C00488882

Name of Employer Occupation

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  
 09 / 23 / 2015

**Transaction ID : SA11.3743**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORPORATION FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH STREET, N.W.  
SUITE 350

City WASHINGTON State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11.3773**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

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

4500.00

151454.52

**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 95
	<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)  
**COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPRIS**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824-0844**

FEC ID number of contributing federal political committee. **C C00580696**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**39820.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA12.3818**

Amount of Each Receipt this Period  
**32591.02**

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.** Full Name (Last, First, Middle Initial)  
**MR. ERIC AFFELDT**

Mailing Address **3030 LBJ SUITE 600**

City **DALLAS** State **TX** Zip Code **75234-7744**

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

Name of Employer Occupation  
**CLUB CORP EXECUTIVE**

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  
**09 / 30 / 2015**

**Transaction ID : SA12.3831**

Amount of Each Receipt this Period  
**2000.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

Mailing Address **3030 LBJ SUITE 600**

City **DALLAS** State **TX** Zip Code **75234-7744**

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

Name of Employer Occupation  
**CLUB CORP EXECUTIVE**

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  
**09 / 30 / 2015**

**Transaction ID : SA12.3832**

Amount of Each Receipt this Period  
**700.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

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

**32591.02**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 95
	<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)  
**MS. DEE BUCHANAN**

Mailing Address **2604 VALLEY DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22302-2843**

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

Name of Employer **OGILVY GOVERNMENT RELATIONS** Occupation **PRINCIPAL**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA12.3833**

Amount of Each Receipt this Period  
**125.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD H. COLLINS**

Mailing Address **P.O. BOX 225748**

City **DALLAS** State **TX** Zip Code **75222-5748**

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

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

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  
**09 / 30 / 2015**

**Transaction ID : SA12.3834**

Amount of Each Receipt this Period  
**2700.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**MR. DOUG DEASON**

Mailing Address **10134 WALLER DRIVE  
SUITE 1900**

City **DALLAS** State **TX** Zip Code **75229-6611**

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

Name of Employer **DEASON CAPITAL SERVICES** Occupation **INVESTMENT 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  
**09 / 30 / 2015**

**Transaction ID : SA12.3835**

Amount of Each Receipt this Period  
**1000.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 50 OF 95
	<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)  
**MR. BEAUREGARD FOURNET III**

Mailing Address 7814 STANFORD AVE.

City DALLAS	State TX	Zip Code 75225-8208
----------------	-------------	------------------------

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

Name of Employer HBK CAPITAL MANAGEMENT	Occupation FINANCE EXECUTIVE
--------------------------------------------	---------------------------------

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  
 09 / 30 / 2015

**Transaction ID : SA12.3836**

Amount of Each Receipt this Period  
 2000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MR. HOLLOWAY FROST**

Mailing Address PO BOX 667

City HOUSTON	State TX	Zip Code 77001-0667
-----------------	-------------	------------------------

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  
 09 / 30 / 2015

**Transaction ID : SA12.3837**

Amount of Each Receipt this Period  
 250.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

Mailing Address 4205 MCFARLIN BOULEVARD

City DALLAS	State TX	Zip Code 75205-1626
----------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation RANCHER
-----------------------------------	-----------------------

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  
 09 / 30 / 2015

**Transaction ID : SA12.3838**

Amount of Each Receipt this Period  
 300.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 51 OF 95  
(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. JOHN GOODMAN**

Mailing Address 6335 W NORTHWEST HIGHWAY  
UNIT 2111

City State Zip Code  
DALLAS TX 75225-3557

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

Name of Employer Occupation  
GOODMAN INSTITUTE PRESIDENT

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  
 09 30 2015

**Transaction ID : SA12.3839**

Amount of Each Receipt this Period  
 300.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

Mailing Address 1500 ALTA DR.

City State Zip Code  
FORT WORTH TX 76107-1526

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

Name of Employer Occupation  
HBK CAPITAL MANAGEMENT INVESTMENT MANAGER

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  
 09 30 2015

**Transaction ID : SA12.3840**

Amount of Each Receipt this Period  
 2700.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**MR. MATTHEW HARGROVE**

Mailing Address 2408 OAK BEND CT.

City State Zip Code  
SOUTHLAKE TX 76092-1347

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

Name of Employer Occupation  
THINK FINANCE COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
62.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : SA12.3841**

Amount of Each Receipt this Period  
 62.50

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 52 OF 95  
(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. BILLY DON HENRY**  
 Mailing Address 6801 BALTIMORE DR.  
 City State Zip Code  
 DALLAS TX 75205-1229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MHBT CHIEF EXECUTIVE OFFICER  
 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  
 09 30 2015  
**Transaction ID : SA12.3842**  
 Amount of Each Receipt this Period  
 500.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MR. AL HILL JR.**  
 Mailing Address 47 HIGHLAND PARK VILLAGE  
 UNIT 200  
 City State Zip Code  
 DALLAS TX 75205-2786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HILL PARTNERS INVESTOR  
 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  
 09 30 2015  
**Transaction ID : SA12.3843**  
 Amount of Each Receipt this Period  
 2000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CAROLINE ROSE HUNT**  
 Mailing Address 2101 CEDAR SPRINGS RD.  
 SUITE 1600  
 City State Zip Code  
 DALLAS TX 75201-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ROSEWOO CORP. INVESTOR  
 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  
 09 30 2015  
**Transaction ID : SA12.3844**  
 Amount of Each Receipt this Period  
 300.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 53 OF 95
	<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)  
**MR. JOHN KINCADE**

Mailing Address P.O. BOX 12026

City State Zip Code  
DALLAS TX 75225-0026

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

Name of Employer Occupation  
WINSTEAD P.C. ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : SA12.3845**

Amount of Each Receipt this Period  
 12.50

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MR. FREDRICK LEHMAN**

Mailing Address 4082 LIVELY LANE

City State Zip Code  
DALLAS TX 75220-1825

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

Name of Employer Occupation  
PRIVATE WEALTH MANAGEMENT SENIOR VICE PRESIDENT

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  
 09 30 2015

**Transaction ID : SA12.3846**

Amount of Each Receipt this Period  
 300.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

Mailing Address 3100 MONTICELLO SUITE 150

City State Zip Code  
DALLAS TX 75205-3441

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

Name of Employer Occupation  
GEORGE LEWIS, INC. CUSTOM HOME BUILDER

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  
 09 30 2015

**Transaction ID : SA12.3847**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 54 OF 95
	<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)  
**MR. JEB MASON**

Mailing Address 5503 MERCEDES AVE.

City State Zip Code  
DALLAS TX 75206-5821

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

Name of Employer Occupation  
THE CYPRESS GROUP, LLC CONSULTANT

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  
 09 30 2015

**Transaction ID : SA12.3848**

Amount of Each Receipt this Period  
300.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

Mailing Address 4815 SHADYWOOD LN.

City State Zip Code  
DALLAS TX 75209-2021

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

Name of Employer Occupation  
IRMI INSURANCE PUBLISHER

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  
 09 30 2015

**Transaction ID : SA12.3849**

Amount of Each Receipt this Period  
1000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

Mailing Address 915 WOOD MEADOWS

City State Zip Code  
NEW BRAUNFELS TX 78130-3671

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

Name of Employer Occupation  
BRITTEX BUSINESS 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  
 09 30 2015

**Transaction ID : SA12.3850**

Amount of Each Receipt this Period  
1000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 55 OF 95  
(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. ERLE NYE**

Mailing Address 12211 CREEK FOREST

City State Zip Code  
DALLAS TX 75230-2336

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

Name of Employer Occupation  
EN CONSULTING CONSULTANT

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  
 09 30 2015

**Transaction ID : SA12.3851**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN PEJOVICH**

Mailing Address 6959 JOYCE WAY

City State Zip Code  
DALLAS TX 75225-1726

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  
 09 30 2015

**Transaction ID : SA12.3852**

Amount of Each Receipt this Period  
 300.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

Mailing Address PO BOX 268

City State Zip Code  
RUSK TX 75785-0268

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

Name of Employer Occupation  
CITIZENS FIRST BANK PRESIDENT

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  
 09 30 2015

**Transaction ID : SA12.3853**

Amount of Each Receipt this Period  
 1500.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 56 OF 95
	<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)  
**MR. R. H. PICKENS**

Mailing Address 8111 PRESTON RD.  
SUITE 800

City DALLAS State TX Zip Code 75225-6316

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA12.3854**

Amount of Each Receipt this Period  
500.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM CHENEY PRUETT**

Mailing Address 6503 WUTHERING HEIGHTS LANE

City TEXARKANA State AR Zip Code 71854-8231

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

Name of Employer D.M.P. INVESTMENTS 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  
 09 / 30 / 2015

**Transaction ID : SA12.3855**

Amount of Each Receipt this Period  
1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALLEN QUESTROM**

Mailing Address 6505 BANDERA AVE.  
UNIT 2F

City DALLAS State TX Zip Code 75225-3760

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  
 09 / 30 / 2015

**Transaction ID : SA12.3856**

Amount of Each Receipt this Period  
500.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 58 OF 95  
(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. JOHN SAVERCOOL**

Mailing Address 13301 BANBURY PLACE

City State Zip Code  
SILVER SPRING MD 20904-1214

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

Name of Employer Occupation  
UBS AMERICAS WEALTH 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  
 09 30 2015

**Transaction ID : SA12.3860**

Amount of Each Receipt this Period  
500.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN SMITH**

Mailing Address 4016 SHRIKE TRAIL

City State Zip Code  
ROANOKE TX 76262-3392

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

Name of Employer Occupation  
THINK FINANCE VP OF COMPLIANCE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
62.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : SA12.3861**

Amount of Each Receipt this Period  
62.50

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK SPEESE**

Mailing Address 5600 CHAMPIONS DR.

City State Zip Code  
PLANO TX 75093-4228

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

Name of Employer Occupation  
RENT-A-CENTER CHIEF EXECUTIVE OFFICER

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  
 09 30 2015

**Transaction ID : SA12.3862**

Amount of Each Receipt this Period  
500.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 59 OF 95  
(check only one)  
 11a  11b  11c  11d  15  
 12  13a  13b  14

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CATHERINE TAYLOR**

Mailing Address 8235 DOUGLAS AVE.  
SUITE 1050

City DALLAS State TX Zip Code 75225-6018

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

Name of Employer SELF-EMPLOYED Occupation FARMER & 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  
 09 / 30 / 2015

**Transaction ID : SA12.3863**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MR. JERE THOMPSON**

Mailing Address 4311 OAK LAWN AVE.  
SUITE 520

City DALLAS State TX Zip Code 75219-2316

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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA12.3864**

Amount of Each Receipt this Period  
 300.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAY VELASQUEZ**

Mailing Address 962 CASSEQUE PROVINCE

City MT. PLEASANT State SC Zip Code 29464-9541

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

Name of Employer THE VELASQUEZ GROUP Occupation 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  
 09 / 30 / 2015

**Transaction ID : SA12.3865**

Amount of Each Receipt this Period  
 250.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 60 OF 95
	<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)  
**MRS. KATHALEEN WALL**

Mailing Address **PO BOX 667**

City **HOUSTON** State **TX** Zip Code **77001-0667**

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  
**09 / 30 / 2015**

**Transaction ID : SA12.3866**

Amount of Each Receipt this Period  
**250.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARTIN WONG**

Mailing Address **1910 TOWNE CENTER BOULEVARD  
UNIT 601**

City **ANNAPOLIS** State **MD** Zip Code **21401-3737**

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

Name of Employer **THINK FINANCE** Occupation **CHIEF EXECUTIVE OFFICER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA12.3867**

Amount of Each Receipt this Period  
**125.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**BOK FINANCIAL CORPORATION POLITICAL ACTION COMMITT**

Mailing Address **201 ROBERT S KERR AVE**

City **OKLAHOMA CITY** State **OK** Zip Code **73102-4223**

FEC ID number of contributing federal political committee. **C C00351924**

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  
**09 / 30 / 2015**

**Transaction ID : SA12.3819**

Amount of Each Receipt this Period  
**500.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 61 OF 95  
(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)  
**COMPASS BANC PAC**

Mailing Address P.O. BOX 10566

City State Zip Code  
BIRMINGHAM AL 35205-

FEC ID number of contributing federal political committee. **C C00142596**

Name of Employer Occupation

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  
 09 30 2015

**Transaction ID : SA12.3820**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**FIRST COMMAND FINANCIAL PLANNING, INC. PAC**

Mailing Address 4100 S. HULEN ST.

City State Zip Code  
FORT WORTH TX 76109-4999

FEC ID number of contributing federal political committee. **C C00325647**

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  
 09 30 2015

**Transaction ID : SA12.3821**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JEB HENSARLING**

Mailing Address P.O. BOX 820504

City State Zip Code  
DALLAS TX 75382-0504

FEC ID number of contributing federal political committee. **C C00370650**

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  
 09 30 2015

**Transaction ID : SA12.3822**

Amount of Each Receipt this Period  
 1545.48

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 62 OF 95
	<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)  
**GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC;**

Mailing Address 175 W JACKSON BLVD  
SUITE 2000

City CHGO State IL Zip Code 60606-

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

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  
 09 / 30 / 2015

**Transaction ID : SA12.3823**

Amount of Each Receipt this Period  
 300.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BANK OF COMMERCE COMMITTEE FOR IMPRO**

Mailing Address 1200 SAN BERNARDO AVE

City LAREDO State TX Zip Code 78040-6301

FEC ID number of contributing federal political committee. **C** C00276592

Name of Employer Occupation

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  
 09 / 30 / 2015

**Transaction ID : SA12.3824**

Amount of Each Receipt this Period  
 250.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**MONEYGRAM INTERNATIONAL, INC. PAC**

Mailing Address 700 13TH ST NW  
SUITE 600

City D.C. State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C** C00410316

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  
 09 / 30 / 2015

**Transaction ID : SA12.3825**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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 63 OF 95  
(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)  
**NATION STAR MORTGAGE HOLDING, INC. PAC**

Mailing Address **8950 CYPRESS WATERS BOULEVARD**

City **COPPELL** State **TX** Zip Code **75019-4620**

FEC ID number of contributing federal political committee. **C C00553099**

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  
**09 / 30 / 2015**

**Transaction ID : SA12.3826**

Amount of Each Receipt this Period  
**1000.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

B. Full Name (Last, First, Middle Initial)  
**NATIONAL PAWNBROKERS ASSOCIATION INC POLITICAL ACT**

Mailing Address **PO BOX 508**

City **KELLER** State **TX** Zip Code **76244-0508**

FEC ID number of contributing federal political committee. **C C00307397**

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  
**09 / 30 / 2015**

**Transaction ID : SA12.3827**

Amount of Each Receipt this Period  
**500.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

C. Full Name (Last, First, Middle Initial)  
**PLAINSCAPITAL CORPORATION POLITICAL ACTION COMMITT**

Mailing Address **2323 VICTORY AVE  
SUITE 1400**

City **DALLAS** State **TX** Zip Code **75219-7695**

FEC ID number of contributing federal political committee. **C C00482125**

Name of Employer Occupation

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  
**09 / 30 / 2015**

**Transaction ID : SA12.3828**

Amount of Each Receipt this Period  
**1250.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**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

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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)  
**RENT-A-CENTER, INC. GOOD GOVERNMENT POLITICAL ACTI**  
 Mailing Address 5501 HEADQUARTERS DR  
 City State Zip Code  
 PLANO TX 75024-5837  
 FEC ID number of contributing federal political committee. **C** C00410324  
 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  
 09 30 2015  
**Transaction ID : SA12.3829**  
 Amount of Each Receipt this Period  
 500.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**RGM ADVISORS PAC**  
 Mailing Address 610 N WESTSHORE BLVD  
 City State Zip Code  
 TAMPA FL 33609-1112  
 FEC ID number of contributing federal political committee. **C** C00500363  
 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  
 09 30 2015  
**Transaction ID : SA12.3830**  
 Amount of Each Receipt this Period  
 1000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPRIS**  
 Mailing Address PO BOX 30844  
 City State Zip Code  
 BETHESDA MD 20824-0844  
 FEC ID number of contributing federal political committee. **C** C00580696  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 39820.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 30 2015  
**Transaction ID : SA12.3868**  
 Amount of Each Receipt this Period  
 7229.73  
 TRANSFER  
 TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

7229.73



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

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

FOR LINE NUMBER: PAGE 65 OF 95  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<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)  
**MR. ERIC AFFELDT**

Mailing Address 3030 LBJ  
SUITE 600

City DALLAS State TX Zip Code 75234-7744

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

Name of Employer CLUB CORP Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
09 / 30 / 2015

**Transaction ID : SA12.3871**

Amount of Each Receipt this Period  
1300.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**B.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JEB HENSARLING**

Mailing Address P.O. BOX 820504

City DALLAS State TX Zip Code 75382-0504

FEC ID number of contributing federal political committee. **C** C00370650

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
09 / 30 / 2015

**Transaction ID : SA12.3869**

Amount of Each Receipt this Period  
2000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY, AND BUDGET FUND**

Mailing Address P.O. BOX 30844

City BETHESDA State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
09 / 30 / 2015

**Transaction ID : SA12.3870**

Amount of Each Receipt this Period  
5000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPR

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

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

0.00

39820.75

**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 66 OF 95			
	<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. FRIENDS OF JEB HENSARLING</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address P.O. BOX 820504			Amount of Each Disbursement this Period 454.52
City DALLAS	State TX	Zip Code 75382-0504	Transaction ID : <b>SB17.3882</b>
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN KIND - VALET/PRINTING & SHIPPING/LIST RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALLISON JOHNSON</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address PO BOX 7841			Amount of Each Disbursement this Period 2800.00
City LITTLE ROCK	State AR	Zip Code 72217	Transaction ID : <b>SB17.I1304</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. ALLISON JOHNSON</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO BOX 7841			Amount of Each Disbursement this Period 2800.00
City LITTLE ROCK	State AR	Zip Code 72217	Transaction ID : <b>SB17.I1310</b>
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).....	6054.52
<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 67 OF 95			
	<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 09 / 03 / 2015
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.I1327</b>
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement CONSULTING - FUNDRAISING	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. ALLISON JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 197.03 <b>Transaction ID : SB17.I1332</b>
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement REIMBURSEMENT - FUNDRAISING EVENT 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. ALLISON JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.I1333</b>
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement CONSULTING - FUNDRAISING	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).....	9197.03
<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 68 OF 95			
	<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. ADVANCE PRINT SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 457.80
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
Candidate Name		Transaction ID : SB17.I1312
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:	Category/Type	NOTECARDS

Full Name (Last, First, Middle Initial) <b>B. ADVANCE PRINT SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 930.33
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
Candidate Name		Transaction ID : SB17.I1313
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ADVANCE PRINT SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 423.74
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
Candidate Name		Transaction ID : SB17.I1330
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1811.87
<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 69 OF 95			
	<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. CAMPAIGN MAIL &amp; DATA, INC. DBA CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 <b>Transaction ID : SB17.I1319</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement SOFTWARE	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. CAMPAIGN MAIL &amp; DATA, INC. DBA CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 <b>Transaction ID : SB17.I1320</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement SOFTWARE	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. CAMPAIGN MAIL &amp; DATA, INC. DBA CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 <b>Transaction ID : SB17.I1321</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement SOFTWARE	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).....	2394.00
<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 70 OF 95	
	<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. JAI LAMBERT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 14 / 2015</b>
Mailing Address <b>9 CONNELL DRIVE</b>		Amount of Each Disbursement this Period <b>800.00</b> <b>Transaction ID : SB17.I1318</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72205</b>	Purpose of Disbursement <b>FUNDRAISING - DESIGN WORK</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 10 / 2015</b>
Mailing Address <b>300 FIRST STREET</b>		Amount of Each Disbursement this Period <b>23.08</b> <b>Transaction ID : SB17.I1306</b>
City <b>SE WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20003</b>	Purpose of Disbursement <b>FOOD/BEVERAGE FOR EVENT</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 30 / 2015</b>
Mailing Address <b>300 FIRST STREET</b>		Amount of Each Disbursement this Period <b>111.26</b> <b>Transaction ID : SB17.I1308</b>
City <b>SE WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20003</b>	Purpose of Disbursement <b>FOOD/BEVERAGE FOR EVENT</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>934.34</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 71 OF 95		
	<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. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 300 FIRST STREET		Amount of Each Disbursement this Period 1203.70 <b>Transaction ID : SB17.I1314</b>
City SE WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE FOR EVENT	
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. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 300 FIRST STREET		Amount of Each Disbursement this Period 270.28 <b>Transaction ID : SB17.I1315</b>
City SE WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE FOR EVENT	
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. PROSPECT BUILDING</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 1501 N. UNIVERSITY AVENUE		Amount of Each Disbursement this Period 430.39 <b>Transaction ID : SB17.I1305</b>
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement MONTHLY RENT	
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).....	1904.37
<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 72 OF 95			
	<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 08 / 07 / 2015		
Mailing Address 1501 N. UNIVERSITY AVENUE			Amount of Each Disbursement this Period 416.08		
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I1311		
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. PROSPECT BUILDING</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015		
Mailing Address 1501 N. UNIVERSITY AVENUE			Amount of Each Disbursement this Period 451.04		
City LITTLE ROCK	State AR	Zip Code 72207	Transaction ID : SB17.I1329		
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>C. RAISE THE MONEY, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015		
Mailing Address P.O. BOX 26466			Amount of Each Disbursement this Period 17.50		
City LITTLE ROCK	State AR	Zip Code 72221	Transaction ID : SB17.I1303		
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).....	884.62
<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 73 OF 95			
	<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 08 / 04 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 17.50 <b>Transaction ID : SB17.I1368</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 08 / 05 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 26.25 <b>Transaction ID : SB17.I1369</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 09 / 18 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 12.25 <b>Transaction ID : SB17.I1370</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).....	56.00
<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 74 OF 95		
	<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 09 / 29 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 8.75
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1371
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. RAISE THE MONEY, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 17.50
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1372
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. RAISE THE MONEY, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 8.75
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1373
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).....	35.00
<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 75 OF 95			
	<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 09 / 30 / 2015
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 1.75 <b>Transaction ID : SB17.I1374</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. SECURITY BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 55.15 <b>Transaction ID : SB17.I1335</b>
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS	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:	CREDIT CARD PAYMENTS - SEE MEMO ITEMS

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 55.15 <b>Transaction ID : SB17.I1336</b>
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement TELEPHONE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 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 - 7/23/2015

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.90
<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 76 OF 95			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial)  
**A. SECURITY BANKCARD**

Mailing Address P.O. BOX 22116

City TULSA State OK Zip Code 74121

Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2015

Amount of Each Disbursement this Period: 1163.79

Transaction ID : SB17.I1337

CREDIT CARD PAYMENTS - SEE MEMO ITEMS

Full Name (Last, First, Middle Initial)  
**B. ACQUA AL 2**

Mailing Address 212 7TH ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 23 / 2015

Amount of Each Disbursement this Period: 55.30

Transaction ID : SB17.I1344

[MEMO ITEM]  
ITEMIZED CREDIT CARD PAYMENT 8/21/2015

Full Name (Last, First, Middle Initial)  
**C. AL'S GOURMET PIZZA**

Mailing Address 1382 EAST CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 17 / 2015

Amount of Each Disbursement this Period: 51.00

Transaction ID : SB17.I1340

[MEMO ITEM]  
ITEMIZED CREDIT CARD PAYMENT 8/21/2015

**SUBTOTAL** of Disbursements This Page (optional) ..... 1163.79

**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 77 OF 95	
	<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. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address P.O. BOX 619616 MD 5675		Amount of Each Disbursement this Period 360.10
City DFW AIRPORT	State TX	Zip Code 75261
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Transaction ID : SB17.I1339	
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]</b> ITEMIZED CREDIT CARD PAYMENT 8/21/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CURB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 5904 RICHMOND HIGHWAY, SUITE 600		Amount of Each Disbursement this Period 9.82
City ALEXANDRIA	State VA	Zip Code 22303
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Transaction ID : SB17.I1348	
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]</b> ITEMIZED CREDIT CARD PAYMENT 8/21/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GOOGLE ADS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 20.00
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement INTERNET ADVERTISING	Category/Type	
Candidate Name	Transaction ID : SB17.I1350	
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]</b> ITEMIZED CREDIT CARD PAYMENT 8/21/2015
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 78 OF 95	
	<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. GRAND CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 3001 EARL PL NE		Amount of Each Disbursement this Period 11.65
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1349
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 8/21/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MAILCHIMP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2015
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.I1338
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 8/21/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NYC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 33 BEAVER STREET		Amount of Each Disbursement this Period 10.80
City NEW YORK CITY	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1342
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 8/21/2015
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 79 OF 95			
	<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. NYC TAXI**

Mailing Address **33 BEAVER STREET**

City **NEW YORK CITY** State **NY** Zip Code **10004**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**07 / 23 / 2015**

Amount of Each Disbursement this Period  
**15.96**

Transaction ID : **SB17.I1343**

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 8/21/2015

Full Name (Last, First, Middle Initial)  
**B. THE RED FLAME**

Mailing Address **67 W 44TH ST #1**

City **NEW YORK** State **NY** Zip Code **10036**

Purpose of Disbursement  
**MEALS**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**07 / 24 / 2015**

Amount of Each Disbursement this Period  
**25.35**

Transaction ID : **SB17.I1347**

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 8/21/2015

Full Name (Last, First, Middle Initial)  
**C. THE ROOSEVELT HOTEL**

Mailing Address **45 EAST 45TH ST. AT MADISON AVENUE**

City **NEW YORK CITY** State **NY** Zip Code **10017**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**07 / 23 / 2015**

Amount of Each Disbursement this Period  
**532.54**

Transaction ID : **SB17.I1345**

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 8/21/2015

**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 80 OF 95			
	<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 07 / 21 / 2015
Mailing Address 800 MARKET STREET		Amount of Each Disbursement this Period 16.87
City SAN FRANCISCO	State CA	
Zip Code 94102	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1341
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 8/21/2015
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 07 / 24 / 2015
Mailing Address 1636 BLADENSBURG RD. NE		Amount of Each Disbursement this Period 24.40
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1346
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 8/21/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SECURITY BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 55.15
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS	Transaction ID : SB17.I1351
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)	CREDIT CARD PAYMENTS - SEE MEMO ITEMS
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 81 OF 95			
	<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 08 / 21 / 2015
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 3189.54
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type	Transaction ID : SB17.I1352
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:		[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 8/21/2015

Full Name (Last, First, Middle Initial) <b>B. SECURITY BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 3189.54
City TULSA State OK Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS	
Candidate Name	Category/Type	Transaction ID : SB17.I1353
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:		CREDIT CARD PAYMENTS - SEE MEMO ITEMS

Full Name (Last, First, Middle Initial) <b>C. CROWNE PLAZA SEATTLE AIRPORT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 17338 INTERNATIONAL BLVD		Amount of Each Disbursement this Period 42.14
City SEATTLE State WA Zip Code 98188	Purpose of Disbursement MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.I1357
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:		[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 9/25/2015

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3189.54
<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 82 OF 95			
	<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. FOUR SEASONS HOTEL SEATTLE**

Mailing Address 99 UNION ST

City SEATTLE State WA Zip Code 98101

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 27 / 2015

Amount of Each Disbursement this Period: 1093.52

Transaction ID : SB17.I1358

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 9/25/2015

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: 09 / 03 / 2015

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.I1362

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 9/25/2015

Full Name (Last, First, Middle Initial)  
**C. HOTELS.COM**

Mailing Address 5400 LBJ FREEWAY, SUITE 500

City DALLAS State TX Zip Code 75240

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 24 / 2015

Amount of Each Disbursement this Period: 206.56

Transaction ID : SB17.I1356

**[MEMO ITEM]**  
ITEMIZED CREDIT CARD PAYMENT 9/25/2015

**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 83 OF 95			
	<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. HOTELS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 5400 LBJ FREEWAY, SUITE 500		Amount of Each Disbursement this Period 206.32
City DALLAS State TX Zip Code 75240	Transaction ID : SB17.I1359	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 9/25/2015
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. LITTLE ROCK TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 7510 JAMISON ROAD		Amount of Each Disbursement this Period 31.80
City LITTLE ROCK State AR Zip Code 72209	Transaction ID : SB17.I1360	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 9/25/2015
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. MAILCHIMP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 512 MEANS STREET, SUITE 404		Amount of Each Disbursement this Period 30.00
City ALTANTA State GA Zip Code 30318	Transaction ID : SB17.I1354	
Purpose of Disbursement INTERNET ADVERTISING	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 9/25/2015
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).....	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 84 OF 95			
	<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. SOUTHWEST AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR			Amount of Each Disbursement this Period 804.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement TRAVEL		Candidate Name	Transaction ID : SB17.I1361
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)		Category/ Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 9/25/2015
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 233 SOUTH WACKER DRIVE			Amount of Each Disbursement this Period 755.20
City CHICAGO	State IL	Zip Code 60606	
Purpose of Disbursement TRAVEL		Candidate Name	Transaction ID : SB17.I1355
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)		Category/ Type	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 9/25/2015
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. SECURITY BANKCARD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address P.O. BOX 22116			Amount of Each Disbursement this Period 55.15
City TULSA	State OK	Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS		Candidate Name	Transaction ID : SB17.I1363
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)		Category/ Type	CREDIT CARD PAYMENTS - SEE MEMO ITEMS
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 85 OF 95	
	<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 09 / 25 / 2015
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 2166.01
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type	Transaction ID : SB17.I1364
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 9/25/2015

Full Name (Last, First, Middle Initial) <b>B. SECURITY BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 344.00
City TULSA State OK Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS	
Candidate Name	Category/Type	Transaction ID : SB17.I1367
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:		CREDIT CARD PAYMENTS - SEE MEMO ITEMS

Full Name (Last, First, Middle Initial) <b>C. AMTRACK DC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 201 I STREET NE		Amount of Each Disbursement this Period 2166.01
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.I1380
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 7/23/2015

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2166.01
<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 95			
	<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. BEARNAISE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 315 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 427.68
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEALS - FUNDRAISING EVENT	Transaction ID : SB17.I1379
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 7/23/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BEARNAISE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 315 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 38.88
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEALS	Transaction ID : SB17.I1381
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 7/23/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BOSS SHEPHERD'S</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 513 13TH ST NW		Amount of Each Disbursement this Period 1227.40
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEALS - FUNDRAISING EVENT	Transaction ID : SB17.I1377
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 7/23/2015
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 87 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. CURB</b>		M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 5904 RICHMOND HIGHWAY, SUITE 600		Amount of Each Disbursement this Period
City ALEXANDRIA State VA Zip Code 22303		12.63
Purpose of Disbursement TRAVEL		Transaction ID : SB17.I1378
Candidate Name		[MEMO ITEM]
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 CREDIT CARD PAYMENT 7/23/2015
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. DC TAXI</b>		M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1636 BLADENSBURG ROAD		Amount of Each Disbursement this Period
City WASHINGTON State DC Zip Code 20002		9.55
Purpose of Disbursement TRAVEL		Transaction ID : SB17.I1384
Candidate Name		[MEMO ITEM]
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 CREDIT CARD PAYMENT 7/23/2015
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. GOOGLE ADS</b>		M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period
City MOUNTAIN VIEW State CA Zip Code 94043		20.31
Purpose of Disbursement INTERNET ADVERTISING		Transaction ID : SB17.I1375
Candidate Name		[MEMO ITEM]
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 CREDIT CARD PAYMENT 7/23/2015
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 88 OF 95	
	<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. GOOGLE ADS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 0.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement INTERNET ADVERTISING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1383</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 7/23/2015

Full Name (Last, First, Middle Initial) <b>B. MAILCHIMP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
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	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1376</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 7/23/2015

Full Name (Last, First, Middle Initial) <b>C. THE LITTLE RED RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 337 SNEAD DRIVE		Amount of Each Disbursement this Period 35.56
City FAIRFIELD BAY State AR Zip Code 72088	Purpose of Disbursement MEALS	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1382</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 7/23/2015

<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 89 OF 95			
	<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. SIMMONS FIRST NATIONAL BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 77.75 <b>Transaction ID : SB17.I1322</b>
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
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. SIMMONS FIRST NATIONAL BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 77.75 <b>Transaction ID : SB17.I1323</b>
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
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. SIMMONS FIRST NATIONAL BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 77.75 <b>Transaction ID : SB17.I1324</b>
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement BANK CHARGES	
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).....	233.25
<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 95	
	<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. SIMMONS FIRST NATIONAL BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 425 WEST CAPITOL			Amount of Each Disbursement this Period 0.91 <b>Transaction ID : SB17.I1334</b>
City LITTLE ROCK	State AR	Zip Code 72201	
Purpose of Disbursement BANK CHARGES		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. THE OORBEEK GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.I1307</b>
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONSULTING-FUNDRAISING		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. THE OORBEEK GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 5823.86 <b>Transaction ID : SB17.I1309</b>
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement REIMBURSEMENT PAYMENT - SEE MEMO ITEMS		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)		REIMBURSEMENT PAYMENT - SEE MEMO ITEMS
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8324.77
<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 95			
	<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. ACQUA AL 2</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 212 7TH ST SE		Amount of Each Disbursement this Period 650.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement MEALS - FUNDRAISER	Category/ Type	
Candidate Name	Transaction ID : SB17.I1395	
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]</b> ITEMIZED REIMBURSEMENT PAYMENT 7/31/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BOBBY VAN'S</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 809 15TH ST NW		Amount of Each Disbursement this Period 1219.61
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement MEALS - FUNDRAISER	Category/ Type	
Candidate Name	Transaction ID : SB17.I1392	
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]</b> ITEMIZED REIMBURSEMENT PAYMENT 7/31/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHARLIE PALMER STEAK DC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 101 CONSTITUTION AVE NW		Amount of Each Disbursement this Period 637.00
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement MEALS - FUNDRAISER	Category/ Type	
Candidate Name	Transaction ID : SB17.I1390	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> ITEMIZED REIMBURSEMENT PAYMENT 7/31/2015
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 92 OF 95	
	<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. ROSA MEXICANO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 575 7TH STREET		Amount of Each Disbursement this Period 600.00
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEALS - FUNDRAISER	Transaction ID : SB17.I1393
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 7/31/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ROSA MEXICANO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 575 7TH STREET		Amount of Each Disbursement this Period 1157.25
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEALS - FUNDRAISER	Transaction ID : SB17.I1394
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 7/31/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TOSCA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1112 F ST NW		Amount of Each Disbursement this Period 1560.00
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEALS - FUNDRAISER	Transaction ID : SB17.I1391
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 7/31/2015
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 93 OF 95			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

**A. THE OORBEEK GROUP**

Full Name (Last, First, Middle Initial)  
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement REIMBURSEMENT PAYMENT - SEE MEMO ITEMS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 24 / 2015

Amount of Each Disbursement this Period: 5473.20

Transaction ID : SB17.I1326

REIMBURSEMENT PAYMENT - SEE MEMO ITEMS

**B. BOSS SHEPHERD'S**

Full Name (Last, First, Middle Initial)  
Mailing Address 513 13TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement MEALS - FUNDRAISER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 28 / 2015

Amount of Each Disbursement this Period: 1540.00

Transaction ID : SB17.I1386

[MEMO ITEM]  
ITEMIZED REIMBURSEMENT PAYMENT 8/24/2015

**C. CASA LUCA**

Full Name (Last, First, Middle Initial)  
Mailing Address 1099 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement MEALS - FUNDRAISER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 22 / 2015

Amount of Each Disbursement this Period: 2228.69

Transaction ID : SB17.I1385

[MEMO ITEM]  
ITEMIZED REIMBURSEMENT PAYMENT 8/24/2015

**SUBTOTAL** of Disbursements This Page (optional) ..... 5473.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 95	
	<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. COSTCO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 2441 MARKET ST. NE		Amount of Each Disbursement this Period 211.06
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement MEALS - FUNDRAISER	Transaction ID : SB17.I1388
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 8/24/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 300 FIRST STREET		Amount of Each Disbursement this Period 589.05
City SE WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEALS - FUNDRAISER	Transaction ID : SB17.I1389
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 8/24/2015
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THAI X-ING</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 2020 9TH STREET NW		Amount of Each Disbursement this Period 904.40
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement MEALS - FUNDRAISER	Transaction ID : SB17.I1387
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 8/2/2015
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 95 OF 95			
	<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 09 / 08 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.I1328</b>
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONSULTING - FUNDRAISING		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. THE OORBEEK GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.I1331</b>
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONSULTING - FUNDRAISING		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. THOMAS &amp; THOMAS, LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 201 E. MARKHAM STREET, SUITE 500			Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.I1317</b>
City LITTLE ROCK	State AR	Zip Code 72201	
Purpose of Disbursement ACCOUNTING & COMPLIANCE		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).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	53489.51