

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 7841
 Check if different than previously reported. (ACC) Little Rock AR 72217

2. **FEC IDENTIFICATION NUMBER** C C00551275 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) AR 02

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 11 / 25 / 2014 through M M / D D / Y Y Y Y 12 / 31 / 2014

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

Type or Print Name of Treasurer Cale Turner

Signature of Treasurer Cale Turner *[Electronically Filed]* Date M M / D D / Y Y Y Y 01 / 30 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
French Hill for Arkansas

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1500.00	5100.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1500.00	5100.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	70112.31	104963.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70112.31	104963.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	49251.83	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

French Hill for Arkansas

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	1600.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	500.00	1600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	3500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1500.00	5100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1500.00	5100.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70112.31	104963.10
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	70112.31	104963.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	117864.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1500.00
25. SUBTOTAL (add Line 23 and Line 24).....	119364.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70112.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	49251.83

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 24
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN YORK II

Mailing Address **4380 PEBBLE BEACH**

City **CANFIELD** State **OH** Zip Code **44406-9045**

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

Name of Employer **THE DEBORTOLO CORPORATION** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
12 / 01 / 2014

Transaction ID : SA11.3291

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

500.00

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<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)
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 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11.3301

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D 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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MARY ASHLEIGH BIERBAUM			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014	
Mailing Address 2010 REBSAMEN PARK ROAD #110			Amount of Each Disbursement this Period 1250.00	
City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID : SB17.I1136	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. MARY ASHLEIGH BIERBAUM			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014	
Mailing Address 2010 REBSAMEN PARK ROAD #110			Amount of Each Disbursement this Period 1250.00	
City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID : SB17.I1137	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. ISAAC FOLEY			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014	
Mailing Address 1401 SCOTT STREET			Amount of Each Disbursement this Period 1250.00	
City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID : SB17.I1138	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3750.00
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 8 OF 24			
	<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. ISAAC FOLEY		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 1401 SCOTT STREET		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.I1139
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ISAAC FOLEY		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 1401 SCOTT STREET		Amount of Each Disbursement this Period 19.99 Transaction ID : SB17.I1151
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement REIMBURSEMENT - POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CATHERINE L LANIER		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 3901 FOXCROFT ROAD		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.I1140
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3019.99
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 9 OF 24
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CATHERINE L LANIER		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 3901 FOXCROFT ROAD		Amount of Each Disbursement this Period 9,999.99 1750.00
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1141
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. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 9,999.99 3750.00
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1142
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) C. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 9,999.99 3750.00
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1143
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:		

SUBTOTAL of Disbursements This Page (optional).....	9250.00
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 10 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 617.11 Transaction ID : SB17.I1130
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 2161.78 Transaction ID : SB17.I1153
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2014
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 459.22 Transaction ID : SB17.I1154
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6117.11
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 11 OF 24			
	<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. BRIDGE MAJORITY		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2 WEST WINDSOR AVENUE		Amount of Each Disbursement this Period 32415.33 Transaction ID : SB17.I1152
City ALEXANDRIA	State VA	
Zip Code 22301	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. CAMPAIGN MAIL & DATA, INC. DBA CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I1148
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) C. CAMPAIGN MAIL & DATA, INC. DBA CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I1149
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:	

SUBTOTAL of Disbursements This Page (optional).....	34011.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 24	
	<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. CLINTON CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014	
Mailing Address 214 GRIGGS STREET			Amount of Each Disbursement this Period 43.52	
City CLINTON	State AR	Zip Code 72031	Transaction ID : SB17.I1157	
Purpose of Disbursement FOOD/BEVERAGE		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. LITTLE ROCK REGIONAL CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2014	
Mailing Address 200 EAST MARKHAM STREET			Amount of Each Disbursement this Period 119.90	
City LITTLE ROCK	State AR	Zip Code 72201	Transaction ID : SB17.I1155	
Purpose of Disbursement FOOD/BEVERAGE		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) C. MITCHELL WILLIAMS LAW			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014	
Mailing Address 425 WEST CAPITOL AVENUE			Amount of Each Disbursement this Period 5347.66	
City LITTLE ROCK	State AR	Zip Code 72201	Transaction ID : SB17.I1129	
Purpose of Disbursement LEGAL SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5511.08
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 13 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MITCHELL WILLIAMS LAW			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2014		
Mailing Address 425 WEST CAPITOL AVENUE			Amount of Each Disbursement this Period 903.82		
City LITTLE ROCK	State AR	Zip Code 72201	Transaction ID : SB17.I1156		
Purpose of Disbursement LEGAL SERVICES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014		
Mailing Address 911 PANORAMA TRAIL SOUTH			Amount of Each Disbursement this Period 65.00		
City ROCHESTER	State NY	Zip Code 14625	Transaction ID : SB17.I1144		
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014		
Mailing Address 911 PANORAMA TRAIL SOUTH			Amount of Each Disbursement this Period 65.00		
City ROCHESTER	State NY	Zip Code 14625	Transaction ID : SB17.I1145		
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1033.82
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 14 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address **911 PANORAMA TRAIL SOUTH**

City **ROCHESTER** State **NY** Zip Code **14625**

Purpose of Disbursement
PAYROLL TAXES

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
12 / 15 / 2014

Amount of Each Disbursement this Period
612.02

Transaction ID : **SB17.I1146**

B. Full Name (Last, First, Middle Initial)
PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address **911 PANORAMA TRAIL SOUTH**

City **ROCHESTER** State **NY** Zip Code **14625**

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 28 / 2014

Amount of Each Disbursement this Period
642.02

Transaction ID : **SB17.I1147**

C. Full Name (Last, First, Middle Initial)
RAISE THE MONEY, INC.

Mailing Address **P.O. BOX 26466**

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

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

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
12 / 04 / 2014

Amount of Each Disbursement this Period
77.75

Transaction ID : **SB17.I1150**

SUBTOTAL of Disbursements This Page (optional)..... **1331.79**

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 15 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SECURITY BANKCARD			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. BOX 22116			Amount of Each Disbursement this Period 55.15
City TULSA	State OK	Zip Code 74121	Transaction ID : SB17.I1159
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS		Category/ Type	
Candidate Name			CREDIT CARD PAYMENTS - SEE MEMO ITEMS
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. AT&T			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 208 SOUTH AKARD STREET			Amount of Each Disbursement this Period 55.15
City DALLAS	State TX	Zip Code 75202	Transaction ID : SB17.I1161
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 12/12/14
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. SECURITY BANKCARD			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. BOX 22116			Amount of Each Disbursement this Period 5133.35
City TULSA	State OK	Zip Code 74121	Transaction ID : SB17.I1160
Purpose of Disbursement CREDIT CARD PAYMENTS - SEE MEMO ITEMS		Category/ Type	
Candidate Name			CREDIT CARD PAYMENTS - SEE MEMO ITEMS
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	5188.50
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 16 OF 24	
	<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. CAPITOL HILL SUITES		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 200 C ST SE		Amount of Each Disbursement this Period 725.00
City WAHINGTON State DC Zip Code 20003	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1174
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 12/12/14
State: District:		

Full Name (Last, First, Middle Initial) B. DC TAXI		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1636 BLADENSBURG ROAD		Amount of Each Disbursement this Period 12.04
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1177
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 12/12/14
State: District:		

Full Name (Last, First, Middle Initial) C. EMBASSY SUITES		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 900 10TH STREET NW		Amount of Each Disbursement this Period 144.43
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1164
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 12/12/2014
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. EMBASSY SUITES		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 900 10TH STREET NW		Amount of Each Disbursement this Period 144.43
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.I1165
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	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 12/12/14

Full Name (Last, First, Middle Initial) B. EMBASSY SUITES		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 900 10TH STREET NW		Amount of Each Disbursement this Period 1385.72
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.I1166
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	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 12/12/2014

Full Name (Last, First, Middle Initial) C. FACEBOOK ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period 738.93
City MENLO PARK State CA Zip Code 94025	Purpose of Disbursement INTERNET ADVERTISING	
Candidate Name		Transaction ID : SB17.I1175
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	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 12/12/14

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 18 OF 24	
	<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. FEDERAL EXPRESS

Mailing Address **THREE GALLERIA TOWER
13155 NOEL ROAD, SUITE 1600**

City **DALLAS** State **TX** Zip Code **75240**

Purpose of Disbursement
POSTAGE

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
12 / 12 / 2014

Amount of Each Disbursement this Period
432.15

Transaction ID : **SB17.I1170**

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 12/12/14

Full Name (Last, First, Middle Initial)
B. GOOGLE ADS

Mailing Address **1600 AMPHITHEATRE PARKWAY**

City **MOUNTAIN VIEW** State **CA** Zip Code **94043**

Purpose of Disbursement
INTERNET ADVERTISING

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
12 / 12 / 2014

Amount of Each Disbursement this Period
500.00

Transaction ID : **SB17.I1163**

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 12/12/14

Full Name (Last, First, Middle Initial)
C. GOOGLE ADS

Mailing Address **1600 AMPHITHEATRE PARKWAY**

City **MOUNTAIN VIEW** State **CA** Zip Code **94043**

Purpose of Disbursement
INTERNET ADVERTISING

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
12 / 12 / 2014

Amount of Each Disbursement this Period
30.01

Transaction ID : **SB17.I1172**

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 12/12/14

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 19 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 4.39
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1173
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 12/12/14
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. BOX 36647-1CR		Amount of Each Disbursement this Period 25.00
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1169
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 12/12/14
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. BOX 36647-1CR		Amount of Each Disbursement this Period 845.20
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1171
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 12/12/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24			
	<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. TARGETED ENGAGEMENT ADVERTISING

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REFUND - INTERNET ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: -42.50

Transaction ID : SB17.I1176

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 12/12/14

Full Name (Last, First, Middle Initial)

B. US POSTAL SERVICE

Mailing Address 5420 KAVANAUGH BOULEVARD

City LITTLE ROCK State AR Zip Code 72207

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: 8.31

Transaction ID : SB17.I1167

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 12/12/14

Full Name (Last, First, Middle Initial)

C. US POSTAL SERVICE

Mailing Address 5420 KAVANAUGH BOULEVARD

City LITTLE ROCK State AR Zip Code 72207

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: 176.00

Transaction ID : SB17.I1168

[MEMO ITEM]
ITEMIZED CREDIT CARD PAYMENT 12/12/14

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 21 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 2510 CANTRELL ROAD		Amount of Each Disbursement this Period 4.24
City LITTLE ROCK	State AR Zip Code 72202	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.I1162
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)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 12/12/14
State: District:		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
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 PAYMENT - SEE MEMO ITEMS	Category/Type	Transaction ID : SB17.I1178
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)	CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 55.15
City DALLAS	State TX Zip Code 75202	
Purpose of Disbursement TELEPHONE	Category/Type	Transaction ID : SB17.I1179
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)	[MEMO ITEM] ITEMIZED CREDIT CARD PAYMENT 12/31/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	55.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 843.54
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	Transaction ID : SB17.I1180
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 PAYMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 442.60
City ATLANTA	State GA	
Zip Code 30320	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1181
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 12/31/14
State: District:		

Full Name (Last, First, Middle Initial) C. EVENTBRITE, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 155 5TH STREET, 7TH FLOOR		Amount of Each Disbursement this Period 124.00
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement FUNDRAISING EVENT SUPPLIES	Transaction ID : SB17.I1186
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 12/31/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	843.54
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 23 OF 24			
	<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. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
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	Category/Type	
Candidate Name	Transaction ID : SB17.I1185	
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 12/31/14
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 81.94
City LITTLE ROCK	State AR	Zip Code 72202
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Transaction ID : SB17.I1182	
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 12/31/14
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 21.78
City LITTLE ROCK	State AR	Zip Code 72202
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Transaction ID : SB17.I1183	
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 12/31/14
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 110.00
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1184
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 12/31/14
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 33.22
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1187
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 12/31/14
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	70112.31