

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

French Hill for Arkansas

ADDRESS (number and street) ▼

PO Box 7841

Check if different than previously reported. (ACC)

Little Rock

AR

72217

2. **FEC IDENTIFICATION NUMBER** ▼

C C00551275

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

AR

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

/  /

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

Office Use Only								
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**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))....	239775.00	1270297.61
(b) Total Contribution Refunds (from Line 20(d)) .....	500.00	850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	239275.00	1269447.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	124335.68	843527.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	37184.68	39200.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	87151.00	804327.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	665471.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**French Hill for Arkansas**

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 11 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 2016

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).....	124700.00	664650.00
(ii) Unitemized.....	8075.00	22720.34
(iii) TOTAL of contributions from individuals ▶	132775.00	687370.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	107000.00	582927.27
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	239775.00	1270297.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	51237.12
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	37184.68	39200.07
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)..... ▶	276959.68	1360734.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	124335.68	843527.96
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 .....	500.00	850.00
(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)).....	500.00	850.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	124835.68	844377.96

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	513347.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	276959.68
25. SUBTOTAL (add Line 23 and Line 24).....	790307.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	124835.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	665471.77

**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 99  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. WALLY ALLEN**

Mailing Address **2222 BEECHWOOD**

City **LITTLE ROCK** State **AR** Zip Code **72207-2024**

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

Name of Employer **GOFF AND ASSOCIATES** 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  
**02 / 19 / 2016**

**Transaction ID : SA11A.4592**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **P.O. BOX 8120**

City **LITTLE ROCK** State **AR** Zip Code **72203-8120**

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

Name of Employer **BANCORP SOUTH** Occupation **BANKING**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2016**

**Transaction ID : SA11A.4701**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ISABEL B. ANTHONY**

Mailing Address **P.O. BOX 20129**

City **HOT SPRINGS** State **AR** Zip Code **71903-0129**

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  
**02 / 27 / 2016**

**Transaction ID : SA11A.4621**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

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

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

**3200.00**

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

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

FOR LINE NUMBER: PAGE 6 OF 99  
(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. JOHN ED ANTHONY**

Mailing Address P.O. BOX 20129

City State Zip Code  
HOT SPRINGS AR 71903-0129

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

Name of Employer Occupation  
ANTHONY TIMBERLANDS LABOR MANAGEMENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2016

**Transaction ID : SA11A.4620**

Amount of Each Receipt this Period  
2200.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CINDY B. BALDERACH**

Mailing Address 12415 COBBLESTONE DRIVE

City State Zip Code  
HOUSTON TX 77024-4904

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

Name of Employer Occupation  
SPRING BRANCH, I.S.D. EDUCATOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : SA11A.4638**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 100 MORGAN KEEGAN DRIVE, SUITE 100

City State Zip Code  
LITTLE ROCK AR 72202-2214

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

Name of Employer Occupation  
BANKS LAW FIRM, P.L.L.C. ATTORNEY AT LAW

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4557**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

3200.00

**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 99
	<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. RICK T. BEARD III**

Mailing Address 425 W CAPITOL AVE SUITE 1800

City LITTLE ROCK	State AR	Zip Code 72201-3525
---------------------	-------------	------------------------

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

Name of Employer MITCHELL WILLIAMS	Occupation ATTORNEY AT LAW
---------------------------------------	-------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4543**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. DENA BENAFIELD**

Mailing Address 2120 COUNTRY CLUB LN

City LITTLE ROCK	State AR	Zip Code 72207-2040
---------------------	-------------	------------------------

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  
 03 / 18 / 2016

**Transaction ID : SA11A.4763**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 1205

City OZARK	State AR	Zip Code 72949-1205
---------------	-------------	------------------------

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

Name of Employer ARKANSAS MILITARY DEPARTMENT	Occupation DIRECTOR
--	------------------------

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  
 03 / 05 / 2016

**Transaction ID : SA11A.4630**

Amount of Each Receipt this Period  
250.00

Memo Item  
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 8 OF 99
	<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. BOB BIRCH**

Mailing Address 14 CREEKWOOD COVE

City NORTH LITTLE ROCK State AR Zip Code 72116-6394

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

Name of Employer HOME BANCSHARES INC. Occupation BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11A.4660**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. SEAN BOWIE**

Mailing Address 4505 OLD LAMAR AVE

City MEMPHIS State TN Zip Code 38118-7033

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

Name of Employer BRYCE CORPORATION Occupation NATIONAL BUSINESS DEVELOPMENT MAN.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11A.4656**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. VIRGINIA BOYD**

Mailing Address 5714 HAWTHORNE ROAD

City LITTLE ROCK State AR Zip Code 72207-4310

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2016

**Transaction ID : SA11A.4712**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

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

3600.00



**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 99
	<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. DEL BOYETTE**

Mailing Address **225 EAST MARKHAM STREET**  
**SUITE 400**

City **LITTLE ROCK** State **AR** Zip Code **72201-1632**

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

Name of Employer **BOYETTE STRATEGIC ADVISORS** Occupation **PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2016**

**Transaction ID : SA11A.4598**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **2719 NORTH UNIVERSITY AVENUE**

City **LITTLE ROCK** State **AR** Zip Code **72207-2738**

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  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2016**

**Transaction ID : SA11A.4575**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT BREVING**

Mailing Address **1900 MALVERN AVE, 302**

City **HOT SPRINGS** State **AR** Zip Code **71901-7778**

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

Name of Employer **NATIONAL PARK MED CENTER** Occupation **SURGEON**

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  
**03 / 18 / 2016**

**Transaction ID : SA11A.4758**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
CONTRIBUTION

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 99
	<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. BOB BROOKS**

Mailing Address **5 TALMONT PLACE**

City **LITTLE ROCK** State **AR** Zip Code **72223-9054**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2016**

**Transaction ID : SA11A.4497**

Amount of Each Receipt this Period  
**1350.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARY BETH BRYCE**

Mailing Address **P.O. BOX 18338**

City **MEMPHIS** State **TN** Zip Code **38181-0338**

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 **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2016**

**Transaction ID : SA11A.4775**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS J. BRYCE**

Mailing Address **PO BOX 18338**

City **MEMPHIS** State **TN** Zip Code **38181-0338**

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

Name of Employer **BRYCE CORPORATION** Occupation **CHAIRMAN AND CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2016**

**Transaction ID : SA11A.4776**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

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

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

**6350.00**

**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 99  
(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. BILL BUICE**

Mailing Address 20 TRACY LANE

City State Zip Code  
GREENBRIER AR 72058-9342

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

Name of Employer Occupation  
FAULKNER COUNTY CONSTABLE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 19 2016

**Transaction ID : SA11A.4596**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 816 GOLF VIEW DR

City State Zip Code  
SEARCY AR 72143-4564

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

Name of Employer Occupation  
HARDING UNIVERSITY CHANCELLOR

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  
 03 02 2016

**Transaction ID : SA11A.4677**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. NINA CAMERON**

Mailing Address PO BOX 21440

City State Zip Code  
LITTLE ROCK AR 72221-1440

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 30 2016

**Transaction ID : SA11A.4732**

Amount of Each Receipt this Period  
2700.00

Memo Item  
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 12 OF 99  
(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. BRECK CAMPBELL**

Mailing Address 1715 NORTH SPRUCE STREET

City State Zip Code  
LITTLE ROCK AR 72207-5459

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4606**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 425 W CAPITOL AVE SUITE 1800

City State Zip Code  
LITTLE ROCK AR 72201-3525

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

Name of Employer Occupation  
MITCHELL WILLIAMS ATTORNEY AT LAW

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4544**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. JAMES W. CARR**

Mailing Address 7 RIVER RIDGE ROAD

City State Zip Code  
SEARCY AR 72143-7751

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

Name of Employer Occupation  
HARDING UNIVERSITY EXECUTIVE VICE PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2016

**Transaction ID : SA11A.4515**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 99
	<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. SAMUEL M. CARTER**

Mailing Address **8 SOLOGNE CIR**

City **LITTLE ROCK** State **AR** Zip Code **72223-8914**

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

Name of Employer **BBA CORP.** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2016**

**Transaction ID : SA11A.4645**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **2 WOODBERRY ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72212-2742**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2016**

**Transaction ID : SA11A.4623**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MR. EARL H. CLEMMONS**

Mailing Address **111 CENTER STREET**

City **LITTLE ROCK** State **AR** Zip Code **72201-4402**

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

Name of Employer **STEPHENS, INC.** Occupation **MANAGING DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2016**

**Transaction ID : SA11A.4527**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

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

**5200.00**

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

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

FOR LINE NUMBER: PAGE 14 OF 99  
(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. CHUCK CLIETT**

Mailing Address 425 WEST CAPITOL AVENUE, SUITE 180

City State Zip Code  
LITTLE ROCK AR 72201-3525

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

Name of Employer Occupation  
MITCHELL WILLIAMS ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4545**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN F. CLORUS**

Mailing Address 7 ADAJA LANE

City State Zip Code  
HOT SPRINGS VILLAG AR 71909-6508

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  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4616**

Amount of Each Receipt this Period  
 400.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ELLON COCKRILL**

Mailing Address 2305 NORTH SPRUCE

City State Zip Code  
LITTLE ROCK AR 72207-3727

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

Name of Employer Occupation  
U.A.M.S. VOLUNTEERS AND DEVELOPMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2016

**Transaction ID : SA11A.4726**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 99
	<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. DONNA CONE**

Mailing Address 5500 COUNTRY CLUB BOULEVARD

City Little Rock State AR Zip Code 72207-4517

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA11A.4730**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLIE CONKLIN**

Mailing Address 21 SOMERSETT COURT

City ROLAND State AR Zip Code 72135-9039

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

Name of Employer **ARKANSAS KIDS READ** Occupation **EXECUTIVE DIRECTOR**

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  
 03 / 30 / 2016

**Transaction ID : SA11A.4734**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1434 PIKE AVE

City NORTH LITTLE ROCK State AR Zip Code 72114-4050

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

Name of Employer **COULSON OIL COMPANY** Occupation **CHAIRMAN OF THE BOARD**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2016

**Transaction ID : SA11A.4532**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 16 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. LARRY CRAIN**

Mailing Address **25 SOLOGNE CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-8913**

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

Name of Employer **CRAIN AUTOMOTIVE GROUP** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 13 / 2016**

**Transaction ID : SA11A.4459**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. STUART DALRYMPLE**

Mailing Address **1560 W BEEBE CAPPS EXPY**

City **SEARCY** State **AR** Zip Code **72143-5169**

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

Name of Employer **DALRYMPLE COMMERCIAL, INC** Occupation **REAL ESTATE BROKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2016**

**Transaction ID : SA11A.4591**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **P.O. BOX 1009**

City **EL DORADO** State **AR** Zip Code **71731-1009**

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 **2700.00**

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

**Transaction ID : SA11A.4654**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

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

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

**5200.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES T. DYKE**

Mailing Address 309 CENTER STREET

City State Zip Code  
LITTLE ROCK AR 72201-2603

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

Name of Employer Occupation  
DYKE INDUSTRIES, INC. PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

**Transaction ID : SA11A.4522**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1920 MAIN STREET  
SUITE 100

City State Zip Code  
NORTH LITTLE ROCK AR 72114-2876

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

Name of Employer Occupation  
SIMMONS FIRST INVESTMENT GROUP CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016

**Transaction ID : SA11A.4490**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DON ERBACH JR.**

Mailing Address 8 REDCOAT LANE

City State Zip Code  
LITTLE ROCK AR 72227-2311

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

Name of Employer Occupation  
PASCHALL STRATEGIC COMMUNICATIONS 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  
03 / 30 / 2016

**Transaction ID : SA11A.4737**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 18 OF 99  
(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. MICHAEL ESSER**

Mailing Address 12555 MANCHESTER AVE

City ST. LOUIS      State MO      Zip Code 63131-3710

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

Name of Employer EDWARD JONES      Occupation INVESTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11A.4695**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAN H. FELTON III**

Mailing Address 6 WEST CHESNUT STREET

City MARIANNA      State AR      Zip Code 72360-2258

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

Name of Employer SELF EMPLOYED      Occupation ATTORNEY AT LAW

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11A.4502**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CURTIS O. FERGUSON**

Mailing Address 623 RIVER STREET

City BENTON      State AR      Zip Code 72015-4109

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

Name of Employer FERGUSON FURNITURE COMPANY      Occupation BUSINESS MANAGER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4618**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 19 OF 99  
(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. ELMER L. FLUCHT**

Mailing Address 136 CHEROKEE DRIVE

City State Zip Code  
MAUMELLE AR 72113-7402

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 28 2016

**Transaction ID : SA11A.4727**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JO ELLEN FORD**

Mailing Address 900 S SCHACKLEFORD ROAD  
SUITE 200

City State Zip Code  
LITTLE ROCK AR 72211-3847

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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 29 2016

**Transaction ID : SA11A.4784**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RANDALL M. FORT**

Mailing Address 2223 NORTH OAK COURT

City State Zip Code  
ARLINGTON VA 22209-1120

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

Name of Employer Occupation  
RAYTHEON COMPANY DIRECTOR OF PROGRAM SECURITY

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  
 03 18 2016

**Transaction ID : SA11A.4755**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 99
	<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. DOAK FOSTER**

Mailing Address 5408 COUNTRY CLUB BLVD

City State Zip Code  
LITTLE ROCK AR 72207-4515

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

Name of Employer Occupation  
MITCHELL WILLIAMS LAW ATTORNEY AT LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

**Transaction ID : SA11A.4547**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. JANICE T. FOWLER**

Mailing Address 2024 CANAL POINTE

City State Zip Code  
LITTLE ROCK AR 72202-1400

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

**Transaction ID : SA11A.4692**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 6253 MUIRLOCH CT S

City State Zip Code  
DUBLIN OH 43017-8794

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

Name of Employer Occupation  
ALLIANCE DATA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

**Transaction ID : SA11A.4704**

Amount of Each Receipt this Period  
500.00

Memo Item  
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 21 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL GALEANO**

Mailing Address 6253 MUIRLOCH CT S

City DUBLIN State OH Zip Code 43017-8794

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

Name of Employer ALLIANCE DATA Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11A.4746**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM GIBBS**

Mailing Address 16 BLACKBERRY RD

City SEARCY State AR Zip Code 72143-8913

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

Name of Employer UNITY HEALTH Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : SA11A.4538**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN GORMAN**

Mailing Address 3208 MILLBROOK ROAD

City LITTLE ROCK State AR Zip Code 72227-3046

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : SA11A.4699**

Amount of Each Receipt this Period  
500.00

Memo Item  
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 22 OF 99  
(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. BARNETT GRACE**

Mailing Address 5612 HAWTHORNE ROAD

City State Zip Code  
LITTLE ROCK AR 72207-4308

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11A.4684**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 43 POST

City State Zip Code  
IRVINE CA 92618-5216

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

Name of Employer Occupation  
HANNA VENTURES EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**Transaction ID : SA11A.4448**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID W. HANNA**

Mailing Address 43 POST

City State Zip Code  
IRVINE CA 92618-5216

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

Name of Employer Occupation  
HANNA VENTURES EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**Transaction ID : SA11A.4449**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

7400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 99
	<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. VIRGINA L. HANNA**

Mailing Address 43 POST

City IRVINE State CA Zip Code 92618-5216

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

Name of Employer HANNA CAPITAL MANAGEMENT Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2016

**Transaction ID : SA11A.4450**

Amount of Each Receipt this Period  
 2700.00

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. VIRGINA L. HANNA**

Mailing Address 43 POST

City IRVINE State CA Zip Code 92618-5216

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

Name of Employer HANNA CAPITAL MANAGEMENT Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2016

**Transaction ID : SA11A.4451**

Amount of Each Receipt this Period  
 2700.00

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MS. DEBRA WRIGHT HARRIS**

Mailing Address 47 RANCH RIDGE ROAD

City LITTLE ROCK State AR Zip Code 72223-9674

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

Name of Employer WILLIAM T. HARRIS, D.D.S. P.A. Occupation DENTAL HYGIENIST

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  
 03 / 03 / 2016

**Transaction ID : SA11A.4688**

Amount of Each Receipt this Period  
 500.00

Memo Item  
**CONTRIBUTION**

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

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

**5900.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 99  
(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. PAUL HARVEL**

Mailing Address 136 VISTA DRIVE

City MOUNT IDA State AR Zip Code 71957-8165

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  
 03 / 03 / 2016

**Transaction ID : SA11A.4673**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GARY HEATHCOTT**

Mailing Address 300 W. MAIN STREET

City LITTLE ROCK State AR Zip Code 72201-2804

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

Name of Employer HEATHCOTT ASSOCIATES Occupation ADVERTISING EXECUTIVE

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  
 02 / 26 / 2016

**Transaction ID : SA11A.4535**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWIN P. HENRY**

Mailing Address 7200 SEQUOYAH LANE

City NORTH LITTLE ROCK State AR Zip Code 72116-4368

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4619**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

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

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

2200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN HOLLANSWORTH**

Mailing Address **9 UTRERA LANE**

City **HOT SPRINGS VILLAG** State **AR** Zip Code **71909-7895**

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

Name of Employer **HOLLY CLASSICS** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2016**

**Transaction ID : SA11A.4698**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN H. HUCHINGSON**

Mailing Address **18 VALLEY CREST COURT**

City **LITTLE ROCK** State **AR** Zip Code **72223-4641**

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

Name of Employer **K&D HUCHINGSON LIMITED PARTNERSHIP** Occupation **OWNER**

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  
**03 / 01 / 2016**

**Transaction ID : SA11A.4663**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **7 RAQUET COURT**

City **LITTLE ROCK** State **AR** Zip Code **72227-2308**

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

Name of Employer **IRWIN PARTNERS** Occupation **COMMERCIAL REAL ESTATE**

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  
**03 / 30 / 2016**

**Transaction ID : SA11A.4731**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

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

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. DONALD T. JACK JR.**

Mailing Address **2800 CANTRELL ROAD  
SUITE 500**

City **LITTLE ROCK** State **AR** Zip Code **72202-2043**

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

Name of Employer **JACK NELSON JONES AND BRYANT** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 18 / 2016**

**Transaction ID : SA11A.4517**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**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 **1750.00**

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

**Transaction ID : SA11A.4636**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **17 RIDGEVIEW DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72227-2339**

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

Name of Employer **CREWS AND ASSOCIATES** Occupation **INVESTMENT BANKER**

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  
**02 / 29 / 2016**

**Transaction ID : SA11A.4694**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**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 27 OF 99
	<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)  
**HONORABLE KENNETH JUSTER**

Mailing Address **20 WEST 53RD STREET**  
**30A**

City **NEW YORK** State **NY** Zip Code **10019-6106**

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

Name of Employer **WARBURG PINCUS L.L.C.** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2016**

**Transaction ID : SA11A.4523**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **4703 CRESTWOOD DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72207-5435**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2016**

**Transaction ID : SA11A.4669**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**  
 REFUNDED \$500 ON 3/14/2016

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

Mailing Address **44 INVERNESS CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2928**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2016**

**Transaction ID : SA11A.4685**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**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 28 OF 99
	<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. STEPHEN LAFRANCE JR.**

Mailing Address 11 EDGEHILL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5443

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

Name of Employer Occupation  
DALE CAPITAL PARTNERS, INC. PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 04 / 2016

**Transaction ID : SA11A.4653**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOEL Y. LEDBETTER**

Mailing Address 106 CLAREMORE COURT

City State Zip Code  
LITTLE ROCK AR 72227-3800

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

Name of Employer Occupation  
BOYLE REALTY COMPANY REALTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

**Transaction ID : SA11A.4576**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CARL E. LINDSEY JR.**

Mailing Address 64 COUNTRY CLUB CIRCLE

City State Zip Code  
SEARCY AR 72143-8904

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  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11A.4498**

Amount of Each Receipt this Period  
500.00

Memo Item  
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: (check only one)	PAGE 29 OF 99
	<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. HERBERT R. MARTIN**

Mailing Address P.O. BOX 15550

City: LITTLE ROCK State: AR Zip Code: 72231-5550

FEC ID number of contributing federal political committee: C

Name of Employer: GRACE OIL, L.L.C. Occupation: OPERATING MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 02 / 2016

**Transaction ID : SA11A.4633**

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

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

Mailing Address 4610 CRESTWOOD DRIVE

City: LITTLE ROCK State: AR Zip Code: 72207-5434

FEC ID number of contributing federal political committee: C

Name of Employer: FIRST FEDERAL BANK Occupation: CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 03 / 30 / 2016

**Transaction ID : SA11A.4733**

Amount of Each Receipt this Period: 2700.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BILL MATTHEWS**

Mailing Address 47 CHEVAUX CIRCLE

City: LITTLE ROCK State: AR Zip Code: 72223-4297

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: 02 / 19 / 2016

**Transaction ID : SA11A.4594**

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 30 OF 99  
(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. MARVIN H. MAURRAS**

Mailing Address P.O. BOX 21258

City State Zip Code  
LITTLE ROCK AR 72221-1258

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  
 03 / 01 / 2016

**Transaction ID : SA11A.4680**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARILYN MCHANEY**

Mailing Address 2418 N. JACKSON

City State Zip Code  
LITTLE ROCK AR 72207-3716

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : SA11A.4639**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BARRY MCKUIN**

Mailing Address 822 EAST BURROW

City State Zip Code  
MORRILTON AR 72110-4409

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

Name of Employer Occupation  
MCKUIN PROPERTIES, L.L.C. OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4565**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN MEYER**

Mailing Address 13 HENDRICKS ISLE

City State Zip Code  
FORT LAUDERDALE FL 33301-3702

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

Name of Employer Occupation  
ARISE VIRTUAL SOLUTIONS CHIEF EXECUTIVE OFFICER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11A.4495**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. VICTORIA MEYER**

Mailing Address 13 HENDRICKS ISLE

City State Zip Code  
FORT LAUDERDALE FL 33301-3702

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

Name of Employer Occupation  
REGISTERED NURSE SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11A.4785**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. STUART P. MILLER**

Mailing Address 425 W CAPITOL AVE SUITE 1800

City State Zip Code  
LITTLE ROCK AR 72201-3525

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

Name of Employer Occupation  
MITCHELL WILLIAMS ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

**Transaction ID : SA11A.4552**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 99
	<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. ARK MONROE**

Mailing Address 11 RANCH VALLEY ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5138

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

Name of Employer Occupation  
MITCHELL WILLIAMS ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4521**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOE MORGAN**

Mailing Address 26 DUCLAIR COURT

City State Zip Code  
LITTLE ROCK AR 72223-9570

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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016

**Transaction ID : SA11A.4491**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 26 DUCLAIR COURT

City State Zip Code  
LITTLE ROCK AR 72223-9570

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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11A.4492**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 33 OF 99
	<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. DON MUNRO**

Mailing Address P.O. BOX 1157

City State Zip Code  
HOT SPRINGS AR 71902-1157

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

Name of Employer Occupation  
MUNRO AND COMPANY, INC. SHOE MANUFACTURER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 25 / 2016

**Transaction ID : SA11A.4674**

Amount of Each Receipt this Period  
750.00

Memo Item  
CONTRIBUTION

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

Mailing Address 200 NORTH JEFFERSON AVENUE  
SUITE 400

City State Zip Code  
EL DORADO AR 71730-5854

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

Name of Employer Occupation  
SELF EMPLOYED PRIVATE INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2016

**Transaction ID : SA11A.4626**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. BLAKE NORRIS**

Mailing Address 2112 COUNTRY CLUB LANE

City State Zip Code  
LITTLE ROCK AR 72207-2040

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

Name of Employer Occupation  
ARKANSAS CARDIOLOGY PA PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

**Transaction ID : SA11A.4607**

Amount of Each Receipt this Period  
250.00

Memo Item  
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: PAGE 34 OF 99  
(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. JOHN T. O'ROURKE**

Mailing Address 11028 STANMORE DRIVE

City POTOMAC State MD Zip Code 20854-1525

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11A.4509**

Amount of Each Receipt this Period  
 400.00

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN T. O'ROURKE**

Mailing Address 11028 STANMORE DRIVE

City POTOMAC State MD Zip Code 20854-1525

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2016

**Transaction ID : SA11A.4640**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
**CONTRIBUTION**  
 IN KIND - FUNDRAISING - FOOD & BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
**DR. RAY L. PARKER**

Mailing Address 9 LONGFELLOW LANE

City LITTLE ROCK State AR Zip Code 72207-3749

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

Name of Employer DERMATOLOGY GROUP OF ARKANSAS Occupation PHYSICIAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA11A.4729**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
**CONTRIBUTION**

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

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

**2400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES E. PEACOCK**

Mailing Address 309 WEST MAIN STREET  
SUITE 3

City JACKSONVILLE State AR Zip Code 72076-4500

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

Name of Employer SELF EMPLOYED Occupation 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  
 02 / 19 / 2016

**Transaction ID : SA11A.4581**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. EUGENE PFEIFER**

Mailing Address 16300 CANTRELL ROAD

City LITTLE ROCK State AR Zip Code 72223-4232

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

Name of Employer SELF EMPLOYED Occupation REAL ESTATE OWNER/MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2016

**Transaction ID : SA11A.4624**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 16300 CANTRELL ROAD

City LITTLE ROCK State AR Zip Code 72223-4232

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2016

**Transaction ID : SA11A.4625**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 99
	<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. WILMER PLATE**

Mailing Address 1101 STEEPLECHASE COVE

City JACKSONVILLE State AR Zip Code 72076-2689

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2016

**Transaction ID : SA11A.4711**

Amount of Each Receipt this Period  
 150.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOEL PRITCHETT**

Mailing Address 918 SKYLINE DRIVE

City SEARCY State AR Zip Code 72143-6510

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4585**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. LYN P. PRUITT**

Mailing Address 425 W CAPITOL AVE SUITE 1800

City LITTLE ROCK State AR Zip Code 72201-3525

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

Name of Employer MITCHELL WILLIAMS Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4553**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MS. LISENNE D. ROCKEFELLER**

Mailing Address P.O. BOX 3157

City State Zip Code  
LITTLE ROCK AR 72203-3157

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

Name of Employer Occupation  
WINROCK PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SA11A.4646**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. PORTER R. RODGERS JR.**

Mailing Address P.O. BOX 1199

City State Zip Code  
SEARCY AR 72145-1199

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

Name of Employer Occupation  
DOCTOR SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SA11A.4705**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. PORTER R. RODGERS JR.**

Mailing Address P.O. BOX 1199

City State Zip Code  
SEARCY AR 72145-1199

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

Name of Employer Occupation  
DOCTOR SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 22 / 2016

**Transaction ID : SA11A.4786**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 99
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE ROGERS**

Mailing Address 5305 LITTLE FALLS RD

City ARLINGTON State VA Zip Code 22207-1521

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

Name of Employer WAZLER & WALKER Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11A.4748**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 251 CRADON BOULEVARD #1026

City KEY BISCAIYNE State FL Zip Code 33149-1514

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

Name of Employer GRAHAM AND DODD FUND, L.L.C. Occupation BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

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

**Transaction ID : SA11A.4632**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. TOM SCHUECK**

Mailing Address P.O. BOX 16390

City LITTLE ROCK State AR Zip Code 72231-6390

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

Name of Employer LEXICON, INC. Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11A.4505**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 39 OF 99  
(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. JOHN C. SLOAN**

Mailing Address 5220 STONEWALL ROAD

City State Zip Code  
LITTLE ROCK AR 72207-4522

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016

**Transaction ID : SA11A.4489**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. TOM J. SMALL**

Mailing Address 4701 HILLCREST AVENUE

City State Zip Code  
LITTLE ROCK AR 72205-1911

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

Name of Employer Occupation  
TOM SMALL APPRAISAL AND CONSULTING APPRAISER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4573**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DERRICK W. SMITH**

Mailing Address 35 COURTS DRIVE

City State Zip Code  
LITTLE ROCK AR 72223-9198

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

Name of Employer Occupation  
MITCHELL WILLIAMS ATTORNEY AT LAW

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4554**

Amount of Each Receipt this Period  
250.00

Memo Item  
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: PAGE 40 OF 99  
(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. DEWITT H. SMITH**

Mailing Address 1 TROUT FARM

City State Zip Code  
BELLA VISTA AR 72714-3111

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

Name of Employer Occupation  
DEVEREUX MANAGEMENT COMPANY REAL ESTATE MANAGEMENT & INVESTING

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  
03 / 08 / 2016

**Transaction ID : SA11A.4690**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 5155 BURNT PINE DR

City State Zip Code  
CONWAY AR 72034-7497

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2016

**Transaction ID : SA11A.4537**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. STEPHEN SORSBY**

Mailing Address 14384 NORMAN DAVIS DRIVE

City State Zip Code  
ALEXANDER AR 72002-9040

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

Name of Employer Occupation  
QUALCHOICE CMO

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  
03 / 30 / 2016

**Transaction ID : SA11A.4735**

Amount of Each Receipt this Period  
500.00

Memo Item  
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 41 OF 99  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA N. SOWELL**

Mailing Address 12400 HUNTERS GLEN BOULEVARD  
#2

City State Zip Code  
LITTLE ROCK AR 72211-2235

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  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016

**Transaction ID : SA11A.4486**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MIKE W. SPADES JR.**

Mailing Address 208 CAMBRIDGE PLACE DRIVE

City State Zip Code  
LITTLE ROCK AR 72227-2100

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

Name of Employer Occupation  
MICHAEL SPADES, JR., ATTORNEY AT LAW 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  
02 / 19 / 2016

**Transaction ID : SA11A.4605**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 616 SAINT MICHAEL PLACE

City State Zip Code  
LITTLE ROCK AR 72211-5562

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

Name of Employer Occupation  
ARKANSAS DEPARTMENT OF HEALTH DENTIST

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2016

**Transaction ID : SA11A.4721**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 42 OF 99  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. DAVID STAGGS**

Mailing Address 412 HONEY HILL ROAD

City State Zip Code  
SEARCY AR 72143-9383

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

Name of Employer Occupation  
WHITE RIVER MEDICAL CENTER PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

**Transaction ID : SA11A.4597**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. DAVID STAGGS**

Mailing Address 412 HONEY HILL ROAD

City State Zip Code  
SEARCY AR 72143-9383

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

Name of Employer Occupation  
WHITE RIVER MEDICAL CENTER PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2016

**Transaction ID : SA11A.4683**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT P. TAYLOR**

Mailing Address 17 PARKSTONE CIRCLE  
# 129

City State Zip Code  
NORTH LITTLE ROCK AR 72116-7176

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  
1250.00

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

**Transaction ID : SA11A.4682**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 43 OF 99  
(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. BRUCE A. THALHEIMER JR.**

Mailing Address 73 ROBINWOOD DRIVE

City State Zip Code  
LITTLE ROCK AR 72227-2223

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

Name of Employer Occupation  
CHAINWHEEL, INC. TREASURER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016

**Transaction ID : SA11A.4488**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 425 WEST CAPITOL AVENUE  
SUITE 1800

City State Zip Code  
LITTLE ROCK AR 72201-3525

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

Name of Employer Occupation  
MITCHELL WILLIAMS ATTORNEY AT LAW

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11A.4555**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. LUCILLE R. TLAPEK**

Mailing Address 1 DUCLAIR COURT

City State Zip Code  
LITTLE ROCK AR 72223-9571

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

Name of Employer Occupation  
JPAC ENTERPRISES, INC. 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  
 02 / 25 / 2016

**Transaction ID : SA11A.4533**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 44 OF 99  
(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. WILTON A. TREADWAY**

Mailing Address **2 WESTBROOK CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72205-2259**

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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2016**

**Transaction ID : SA11A.4719**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JIM WALTON**

Mailing Address **P.O. BOX 1860**

City **BENTONVILLE** State **AR** Zip Code **72712-1860**

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

Name of Employer **ARVEST BANK** Occupation **C.E.O./CHAIRMAN**

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  
**03 / 18 / 2016**

**Transaction ID : SA11A.4754**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE WALTON**

Mailing Address **PO BOX 1860**

City **BENTONVILLE** State **AR** Zip Code **72712-1860**

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  
**03 / 18 / 2016**

**Transaction ID : SA11A.4753**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

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

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

**5650.00**

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

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

FOR LINE NUMBER: PAGE 45 OF 99  
(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. STEVEN WARREN**

Mailing Address 17 DURANCE DRIVE

City State Zip Code  
LITTLE ROCK AR 72223-9133

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

Name of Employer Occupation  
B.K.D., L.L.P. C.P.A.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2016

**Transaction ID : SA11A.4460**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 2181

City State Zip Code  
LITTLE ROCK AR 72203-2181

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

Name of Employer Occupation  
BLUE CROSS BLUE SHIELD PRESIDENT AND C.E.O.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016

**Transaction ID : SA11A.4456**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2 INVERNESS CIR

City State Zip Code  
LITTLE ROCK AR 72212-2906

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

Name of Employer Occupation  
CREWS & ASSOCIATES CHEIF OPERATIONS 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  
 02 / 19 / 2016

**Transaction ID : SA11A.4587**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 46 OF 99  
(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. JIM WOOTEN**

Mailing Address P.O. BOX 280

City State Zip Code  
BEEBE AR 72012-0280

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

Name of Employer Occupation  
WINSLOW LLC PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11A.4499**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SHERRY WORTSMITH**

Mailing Address 324 NORTH RIDGE ROAD

City State Zip Code  
LITTLE ROCK AR 72207-2522

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : SA11A.4700**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. LYNN WRIGHT**

Mailing Address 301 EASY STREET

City State Zip Code  
LITTLE ROCK AR 72223-5091

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

Name of Employer Occupation  
REGIONS BANK BANKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11A.4643**

Amount of Each Receipt this Period  
500.00

Memo Item  
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 47 OF 99  
(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)  
**MAJOR DENNIS YECKE, RETIRED**

Mailing Address 139 BELLE MEADE DRIVE

City State Zip Code  
SEARCY AR 72143-7037

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2016

**Transaction ID : SA11A.4514**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**R-G JOINT VENTURE, L.L.C.**

Mailing Address 1215 REBSAMEN PARK ROAD

City State Zip Code  
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2016

**Transaction ID : SA11A.4717**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE ROYER LAW FIRM PLLC**

Mailing Address 818 CONNECTICUT AVE NW  
11TH FLOOR

City State Zip Code  
WASHINGTON DC 20006-2702

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

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  
03 / 25 / 2016

**Transaction ID : SA11A.4749**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

1750.00

124700.00

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

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

FOR LINE NUMBER: PAGE 48 OF 99  
(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)  
**KEVIN MCCARTHY FOR CONGRESS**

Mailing Address P.O. BOX 12667

City BAKERSFIELD State CA Zip Code 93389-2667

FEC ID number of contributing federal political committee. **C** C00420935

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  
02 / 27 / 2016

**Transaction ID : SA11C.4622**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 12667

City BAKERSFIELD State CA Zip Code 93389-2667

FEC ID number of contributing federal political committee. **C** C00420935

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  
02 / 27 / 2016

**Transaction ID : SA11C.4622**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 21097

City HOT SPRINGS State AR Zip Code 71903-1097

FEC ID number of contributing federal political committee. **C** C00548180

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SA11C.4666**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 99
	<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)  
**WESTERMAN FOR CONGRESS**

Mailing Address **PO BOX 21097**

City **HOT SPRINGS** State **AR** Zip Code **71903-1097**

FEC ID number of contributing federal political committee. **C C00548180**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2016**

**Transaction ID : SA11C.4670**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**21ST CENTURY PROGRESS PAC**

Mailing Address **P.O. BOX 1713**

City **LITTLE ROCK** State **AR** Zip Code **72203-1713**

FEC ID number of contributing federal political committee. **C C00491027**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2016**

**Transaction ID : SA11C.4531**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC**

Mailing Address **1120 CONNECTICUT AVENUE, N.W.  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20036-3971**

FEC ID number of contributing federal political committee. **C C00004275**

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  
**02 / 18 / 2016**

**Transaction ID : SA11C.4518**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**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 50 OF 99
	<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)  
**AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION**

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 700

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

FEC ID number of contributing federal political committee. **C** C00147066

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  
03 / 18 / 2016

**Transaction ID : SA11C.4787**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FOREST & PAPER ASSOCIATION PAC**

Mailing Address 1101 K ST NW

City WASHINGTON State DC Zip Code 20005-4210

FEC ID number of contributing federal political committee. **C** C00029348

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  
02 / 28 / 2016

**Transaction ID : SA11C.4659**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 800 TENTH STREET  
TWO CITYCENTER, SUITE 400

City WASHINGTON State DC Zip Code 20268-0001

FEC ID number of contributing federal political committee. **C** C00106146

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  
02 / 11 / 2016

**Transaction ID : SA11C.4437**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 51 OF 99
	<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)  
**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

Mailing Address **PALLADIAN 1**  
**220 LEIGH FARM RD**

City **DURHAM** State **NC** Zip Code **27707-8110**

FEC ID number of contributing federal political committee. **C C00077321**

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  
**02 / 24 / 2016**

**Transaction ID : SA11C.4661**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

Mailing Address **PALLADIAN 1**  
**220 LEIGH FARM RD**

City **DURHAM** State **NC** Zip Code **27707-8110**

FEC ID number of contributing federal political committee. **C C00077321**

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  
**02 / 28 / 2016**

**Transaction ID : SA11C.4672**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION PAC**

Mailing Address **25 MASSACHUSETTS AVE NW**

City **WASHINGTON** State **DC** Zip Code **20001-1430**

FEC ID number of contributing federal political committee. **C C00000422**

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  
**02 / 19 / 2016**

**Transaction ID : SA11C.4520**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
**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**

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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)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC**

Mailing Address 1061 AMERICAN LN

City State Zip Code  
SCHAUMBURG IL 60173-4973

FEC ID number of contributing federal political committee. **C C00255752**

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  
 03 / 02 / 2016

**Transaction ID : SA11C.4686**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ARKANSAS MEDICAL SOCIETY PAC**

Mailing Address P.O. BOX 55088

City State Zip Code  
LITTLE ROCK AR 72215-5088

FEC ID number of contributing federal political committee. **C C00002907**

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  
 02 / 19 / 2016

**Transaction ID : SA11C.4519**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED GENERAL CONTRACTORS OF AMERICA PAC**

Mailing Address 2300 WILSON BLVD

City State Zip Code  
ARLINGTON VA 22201-5424

FEC ID number of contributing federal political committee. **C C00082917**

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  
 02 / 26 / 2016

**Transaction ID : SA11C.4603**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 53 OF 99
	<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)  
**AT&T, INC. FEDERAL PAC**

Mailing Address **208 SOUTH AKARD STREET  
SUITE 2701**

City **DALLAS** State **TX** Zip Code **75202-4206**

FEC ID number of contributing federal political committee. **C C00109017**

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  
**02 / 16 / 2016**

**Transaction ID : SA11C.4503**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address **P.O. BOX 961039**

City **FORT WORTH** State **TX** Zip Code **76161-0039**

FEC ID number of contributing federal political committee. **C C00235739**

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  
**03 / 25 / 2016**

**Transaction ID : SA11C.4742**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BROWNSTEIN HYATT FARBER SCHRECK PAC**

Mailing Address **410 17TH ST**

City **DENVER** State **CO** Zip Code **80202-4402**

FEC ID number of contributing federal political committee. **C C00390583**

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  
**02 / 19 / 2016**

**Transaction ID : SA11C.4580**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

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

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

**5000.00**

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

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

FOR LINE NUMBER: PAGE 54 OF 99  
(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)  
**CAPITAL ONE FINANCIAL CORPORATION ASSOCIATES POLITICAL FUND**

Mailing Address 1680 CAPITAL ONE DRIVE

City State Zip Code  
MCLEAN VA 22102-3407

FEC ID number of contributing federal political committee. **C C00326595**

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  
 03 / 25 / 2016

**Transaction ID : SA11C.4751**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CME GROUP INC. PAC**

Mailing Address 20 S WACKER DR

City State Zip Code  
CHGO IL 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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11C.4744**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 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  
5000.00

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

**Transaction ID : SA11C.4652**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
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 55 OF 99
	<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)  
**COMCAST CORPORATION & NBCUNIVERSAL PAC**

Mailing Address 1701 JOHN F KENNEDY BLVD

City PHILADELPHIA State PA Zip Code 19103-2833

FEC ID number of contributing federal political committee. **C C00248716**

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  
 02 / 29 / 2016

**Transaction ID : SA11C.4665**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COMMERCIAL REAL ESTATE FINANCE COUNCIL PAC**

Mailing Address 20 BROAD STREET  
7TH FLOOR

City NEW YORK State NY Zip Code 10005-2601

FEC ID number of contributing federal political committee. **C C00411173**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA11C.4759**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CREDIT SUISSE SECURITIES (USA) LLC PAC**

Mailing Address 1201 F ST NW

City WASHINGTON State DC Zip Code 20004-1217

FEC ID number of contributing federal political committee. **C C00111559**

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  
 02 / 29 / 2016

**Transaction ID : SA11C.4668**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 56 OF 99
	<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)  
**DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044-0365

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11C.4739**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEPOSITORY TRUST AND CLEARING CORPORATION PAC**

Mailing Address 228 WASHINGTON STREET SUITE 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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA11C.4760**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 S TRYON ST

City CHARLOTTE State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

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  
 02 / 26 / 2016

**Transaction ID : SA11C.4601**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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

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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)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DR

City State Zip Code  
FALLS CHURCH VA 22042-4511

FEC ID number of contributing federal political committee. **C C00088591**

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  
02 / 26 / 2016

**Transaction ID : SA11C.4599**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EXPERIAN NORTH AMERICA, INC PAC**

Mailing Address 475 ANTON BLVD

City State Zip Code  
COSTA MESA CA 92626-7037

FEC ID number of contributing federal political committee. **C C00379768**

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  
02 / 29 / 2016

**Transaction ID : SA11C.4696**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3435

City State Zip Code  
ALEXANDRIA VA 22302-0435

FEC ID number of contributing federal political committee. **C C00410068**

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  
02 / 28 / 2016

**Transaction ID : SA11C.4664**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 58 OF 99  
(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)  
**GENERAL DYNAMICS CORPORATION PAC**

Mailing Address 2941 FAIRVIEW PARK DR

City State Zip Code  
FALLS CHURCH VA 22042-4522

FEC ID number of contributing federal political committee. **C C00078451**

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  
 03 / 03 / 2016

**Transaction ID : SA11C.4679**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1375 ENCLAVE PARKWAY

City State Zip Code  
HOUSTON TX 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  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016

**Transaction ID : SA11C.4454**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**IBERIABANK CORPORATION FED PAC**

Mailing Address 200 WEST CONGRESS STREET

City State Zip Code  
LAFAYETTE LA 70501-6873

FEC ID number of contributing federal political committee. **C C00406066**

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  
 03 / 25 / 2016

**Transaction ID : SA11C.4738**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 99
	<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 PAC**

Mailing Address 20 F ST NW

City State Zip Code  
WASHINGTON DC 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  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SA11C.4671**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INTERCONTINENTAL EXCHANGE INC PAC**

Mailing Address 2100 RIVEREDGE PKWY STE 500

City State Zip Code  
ATLANTA GA 30328-4676

FEC ID number of contributing federal political committee. **C C00443168**

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  
02 / 29 / 2016

**Transaction ID : SA11C.4689**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JONES WALKER L.L.P. PAC**

Mailing Address 201 ST CHARLES AVE

City State Zip Code  
NEW ORLEANS LA 70170-1000

FEC ID number of contributing federal political committee. **C C00111534**

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  
02 / 22 / 2016

**Transaction ID : SA11C.4525**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 60 OF 99
	<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)  
**JONES WALKER L.L.P. PAC**

Mailing Address **201 ST CHARLES AVE**

City **NEW ORLEANS** State **LA** Zip Code **70170-1000**

FEC ID number of contributing federal political committee. **C C00111534**

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  
**02 / 28 / 2016**

**Transaction ID : SA11C.4691**

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

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**JPMORGAN CHASE & CO. PAC**

Mailing Address **601 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20004-2601**

FEC ID number of contributing federal political committee. **C C00128512**

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  
**03 / 25 / 2016**

**Transaction ID : SA11C.4743**

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

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND**

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 **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2016**

**Transaction ID : SA11C.4528**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000.00**

Memo Item  
**CONTRIBUTION**

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

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

\_\_\_\_\_ **4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 99
	<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 AUTOMOTIVE DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **412 FIRST STREET SE**

City	State	Zip Code
WASHINGTON	DC	20003-1804

FEC ID number of contributing federal political committee. **C C00040998**

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
02		22		2016

**Transaction ID : SA11C.4530**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item  
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF HOME BUILDERS PAC**

Mailing Address **1201 15TH STREET, N.W.**

City	State	Zip Code
WASHINGTON	DC	20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

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
03		09		2016

**Transaction ID : SA11C.4641**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3500.00

Memo Item  
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES**

Mailing Address **3601 VINCENNES RD**

City	State	Zip Code
INDIANAPOLIS	IN	46268-1154

FEC ID number of contributing federal political committee. **C C00170258**

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
03		25		2016

**Transaction ID : SA11C.4740**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3000.00

Memo Item  
CONTRIBUTION

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

\_\_\_\_\_ 11500.00

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

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**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 99
	<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 COMMUNITY PHARMACISTS ASSOCIATION PAC**

Mailing Address 100 DANGERFIELD ROAD

City ALEXANDRIA State VA Zip Code 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

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  
 02 / 29 / 2016

**Transaction ID : SA11C.4658**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATL. RIFLE ASSO. OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL RD

City FAIRFAX State VA Zip Code 22030-7550

FEC ID number of contributing federal political committee. **C** C00053553

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  
 02 / 25 / 2016

**Transaction ID : SA11C.4534**

Amount of Each Receipt this Period  
 2000.00

Memo Item  
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 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11C.4657**

Amount of Each Receipt this Period  
 1500.00

Memo Item  
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 63 OF 99
	<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)  
**REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE**

Mailing Address 801 PENNSYLVANIA AVENUE NORTHWEST  
SUITE 720

City WASHINGTON 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  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11C.4649**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REGIONS FINANCIAL CORPORATION PAC**

Mailing Address 1015 15TH STREET, N.W.  
SUITE 920

City WASHINGTON State DC Zip Code 20005-2623

FEC ID number of contributing federal political committee. **C** C00432252

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  
 02 / 16 / 2016

**Transaction ID : SA11C.4507**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RELYANCE BANK POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address P.O. BOX 7878  
912 S POPLAR

City PINE BLUFF State AR Zip Code 71601-4861

FEC ID number of contributing federal political committee. **C** C00278754

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  
 02 / 28 / 2016

**Transaction ID : SA11C.4662**

Amount of Each Receipt this Period  
2000.00

Memo Item  
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: PAGE 64 OF 99  
(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)  
**RICELAND FOODS, INC. PAC**

Mailing Address P.O. BOX 927

City State Zip Code  
STUTTGART AR 72160-0927

FEC ID number of contributing federal political committee. **C** C00551275

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

**Transaction ID : SA11C.4526**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSO.**

Mailing Address 1101 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20005-4269

FEC ID number of contributing federal political committee. **C** C00431312

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  
 02 / 28 / 2016

**Transaction ID : SA11C.4667**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FED**

Mailing Address 1 STATE FARM PLAZA

City State Zip Code  
BLOOMINGTON IL 61710-0001

FEC ID number of contributing federal political committee. **C** C00544817

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  
 02 / 13 / 2016

**Transaction ID : SA11C.4457**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 65 OF 99  
(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)  
**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FED**

Mailing Address 1 STATE FARM PLAZA

City BLOOMINGTON State IL Zip Code 61710-0001

FEC ID number of contributing federal political committee. **C C00544817**

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  
 02 / 13 / 2016

**Transaction ID : SA11C.4458**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STATE STREET BANK & TRUST COMPANY VOLUNTARY PAC**

Mailing Address PO BOX 5351

City BOSTON State MA Zip Code 02206-5351

FEC ID number of contributing federal political committee. **C C00072751**

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  
 03 / 25 / 2016

**Transaction ID : SA11C.4747**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TEACHERS INSURANCE ANNUITY ASSO. OF AMERICA COLLEGES**

Mailing Address 601 13TH ST NW

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C C00431361**

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  
 02 / 26 / 2016

**Transaction ID : SA11C.4602**

Amount of Each Receipt this Period  
1000.00

Memo Item  
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 66 OF 99
	<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 CHARLES SCHWAB CORPORATION PAC**

Mailing Address 325 7TH STREET NW, SUITE 200

City WASHINGTON State DC Zip Code 20004-2827

FEC ID number of contributing federal political committee. **C C00370114**

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  
 03 / 18 / 2016

**Transaction ID : SA11C.4762**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE TRAVELERS COMPANIES, INC. PAC**

Mailing Address 1 TOWER SQUARE

City HARTFORD State CT Zip Code 06183-0001

FEC ID number of contributing federal political committee. **C C00376376**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11C.4741**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 700 13TH ST NW

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : SA11C.4600**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 67 OF 99  
(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)  
**UNITED PARCEL SERVICE, INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2016

**Transaction ID : SA11C.4455**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**US RICE PRODUCERS PAC**

Mailing Address 2825 WILCREST DR SUITE 218

City HOUSTON State TX Zip Code 77042-3396

FEC ID number of contributing federal political committee. **C C00383661**

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  
 02 / 11 / 2016

**Transaction ID : SA11C.4436**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WL&J FEDERAL PAC, INC**

Mailing Address 200 WEST CAPITOL AVENUE SUITE 2300

City LITTLE ROCK State AR Zip Code 72201-3615

FEC ID number of contributing federal political committee. **C C00600692**

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  
 03 / 25 / 2016

**Transaction ID : SA11C.4752**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

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

6000.00

107000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 99
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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 WICKERS GROUP**

Mailing Address 1819 POLK STREET  
#373

City SAN FRANCISCO State CA Zip Code 94109

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
39200.07

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA14.1642**

Amount of Each Receipt this Period  
37184.68

Memo Item  
REFUND OF OVER BUY FOR TELEVISION AD

**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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

Memo Item

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

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

37184.68

37184.68

**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 99			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH HARPER</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016	
Mailing Address 1510 ALBERTA STREET			Amount of Each Disbursement this Period 13.06	
City LITTLE ROCK	State AR	Zip Code 72227	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REIMBURSEMENT - POSTAGE		Category/ Type	Transaction ID : <b>SB17.I1600</b>	
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. ELIZABETH HARPER</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 1510 ALBERTA STREET			Amount of Each Disbursement this Period 1000.00	
City LITTLE ROCK	State AR	Zip Code 72227	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : <b>SB17.I1635</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH HARPER</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 1510 ALBERTA STREET			Amount of Each Disbursement this Period 1000.00	
City LITTLE ROCK	State AR	Zip Code 72227	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : <b>SB17.I1644</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2013.06
<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 99			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH HARPER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 1510 ALBERTA STREET		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.I1648</b>
City LITTLE ROCK	State AR Zip Code 72227	
Purpose of Disbursement PAYROLL	Candidate Name	Category/Type
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 03 / 03 / 2016
Mailing Address PO BOX 7841		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.I1612</b>
City LITTLE ROCK	State AR Zip Code 72217	
Purpose of Disbursement CONSULTING - FUNDRAISING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN T. O'ROURKE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 11028 STANMORE DRIVE		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4640</b> IN KIND - FUNDRAISING - FOOD & BEVERAGE
City POTOMAC	State MD Zip Code 20854-1525	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6500.00
<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 71 OF 99			
	<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. MRS. MISSY RICKELS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016		
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 234.98		
City LITTLE ROCK	State AR	Zip Code 72207	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REIMBURSEMENT - OFFICE SUPPLIES		Category/ Type	Transaction ID : <b>SB17.I1599</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. MRS. MISSY RICKELS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016		
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 91.00		
City LITTLE ROCK	State AR	Zip Code 72207	Memo Item <input type="checkbox"/>		
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : <b>SB17.I1603</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. MRS. MISSY RICKELS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 2223.75		
City LITTLE ROCK	State AR	Zip Code 72207	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : <b>SB17.I1636</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2549.73
<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 99			
	<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. MRS. MISSY RICKELS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 311 MCMILLEN TRAIL		Amount of Each Disbursement this Period 2610.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1643</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MRS. MISSY RICKELS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 311 MCMILLEN TRAIL		Amount of Each Disbursement this Period 64.35
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement REIMBURSEMENT FUNDRAISING - FOOD/BEVERAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1649</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER T ST AMOUR</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 2200 RIVERFRONT DRIVE #4213		Amount of Each Disbursement this Period 2583.34
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1584</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5257.69
<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 99			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER T ST AMOUR</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 18 / 2016</b>	
Mailing Address <b>2200 RIVERFRONT DRIVE #4213</b>			Amount of Each Disbursement this Period <b>32.68</b>	
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72202</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>REIMBURSEMENT - POSTAGE</b>		Category/Type		
Candidate Name			<b>Transaction ID : SB17.I1598</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER T ST AMOUR</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 29 / 2016</b>	
Mailing Address <b>2200 RIVERFRONT DRIVE #4213</b>			Amount of Each Disbursement this Period <b>2583.34</b>	
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72202</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>PAYROLL</b>		Category/Type		
Candidate Name			<b>Transaction ID : SB17.I1622</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER T ST AMOUR</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>	
Mailing Address <b>2200 RIVERFRONT DRIVE #4213</b>			Amount of Each Disbursement this Period <b>2583.34</b>	
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72202</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>PAYROLL</b>		Category/Type		
Candidate Name			<b>Transaction ID : SB17.I1637</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5199.36</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 74 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER T ST AMOUR</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 2200 RIVERFRONT DRIVE #4213			Amount of Each Disbursement this Period 2583.34	
City LITTLE ROCK	State AR	Zip Code 72202	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.I1645</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ADVANCE PRINT SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016	
Mailing Address 4201 S. SHACKLEFORD SUITE C			Amount of Each Disbursement this Period 833.53	
City LITTLE ROCK	State AR	Zip Code 72204	Memo Item <input type="checkbox"/>	
Purpose of Disbursement LETTERHEAD		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.I1606</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016	
Mailing Address 208 SOUTH AKARD STREET			Amount of Each Disbursement this Period 40.90	
City DALLAS	State TX	Zip Code 75202	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PHONE SERVICES		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.I1609</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3457.77
<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 75 OF 99			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)  
**A. CAMPAIGN MAIL & DATA, INC. DBA CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 02 / 29 / 2016

Amount of Each Disbursement this Period: 798.00

Memo Item

Transaction ID : SB17.I1625

Full Name (Last, First, Middle Initial)  
**B. CAMPAIGN MAIL & DATA, INC. DBA CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 29 / 2016

Amount of Each Disbursement this Period: 798.00

Memo Item

Transaction ID : SB17.I1626

Full Name (Last, First, Middle Initial)  
**C. CAPITAL HILL CLUB**

Mailing Address 300 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement MEMBERSHIP DUES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 02 / 12 / 2016

Amount of Each Disbursement this Period: 534.12

Memo Item

Transaction ID : SB17.I1587

**SUBTOTAL** of Disbursements This Page (optional) ..... 2130.12

**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 76 OF 99	
	<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. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 1701 JOHN F KENNEDY BOULEVARD		Amount of Each Disbursement this Period 149.31
City PHILADELPHIA	State PA	
Zip Code 19103	Purpose of Disbursement INTERNET & CABLE SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1610</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DATAMAX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 7400 KANIS RD		Amount of Each Disbursement this Period 15.15
City LITTLE ROCK	State AR	
Zip Code 72204	Purpose of Disbursement COPIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1611</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELUXE BUSINESS SYSTEMS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 3680 VICTORIA STREET NORTH		Amount of Each Disbursement this Period 93.70
City SHOREVIEW	State MN	
Zip Code 55126-2966	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1596</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	258.16
<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 77 OF 99	
	<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. DIRECT MAIL SYSTEMS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2016</b>
Mailing Address <b>12450 AUTOMOBILE BOULEVARD</b>		Amount of Each Disbursement this Period <b>2509.36</b>
City <b>CLEARWATER</b> State <b>FL</b> Zip Code <b>33762</b>	Purpose of Disbursement <b>DIRECT MAIL SERVICES</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1630</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. IMPACT MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 22 / 2016</b>
Mailing Address <b>124 WEST CAPITOL AVENUE SUITE 1886</b>		Amount of Each Disbursement this Period <b>17374.44</b>
City <b>LITTLE ROCK</b> State <b>AR</b> Zip Code <b>72201</b>	Purpose of Disbursement <b>DIRECT MAIL AND RESEARCH</b>	
Candidate Name	Category/Type	<input type="checkbox"/> 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)	<b>Transaction ID : SB17.I1602</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. IMPACT MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2016</b>
Mailing Address <b>124 WEST CAPITOL AVENUE SUITE 1886</b>		Amount of Each Disbursement this Period <b>7348.50</b>
City <b>LITTLE ROCK</b> State <b>AR</b> Zip Code <b>72201</b>	Purpose of Disbursement <b>DIRECT MAIL AND RESEARCH</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1607</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>27232.30</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 78 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. IMPACT MANAGEMENT**

Full Name (Last, First, Middle Initial)  
Mailing Address 124 WEST CAPITOL AVENUE  
SUITE 1886

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement DIRECT MAIL AND RESEARCH

Candidate Name

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

State: District:

Date of Disbursement: 02 / 24 / 2016

Amount of Each Disbursement this Period: 32627.47

Memo Item

Transaction ID : SB17.I1618

**B. MCLARTY COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 425 W CAPITOL AVE

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement FUNDRAISING EVENT - RENTAL

Candidate Name

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

State: District:

Date of Disbursement: 03 / 09 / 2016

Amount of Each Disbursement this Period: 300.00

Memo Item

Transaction ID : SB17.I1608

**C. MITCHELL WILLIAMS LAW**

Full Name (Last, First, Middle Initial)  
Mailing Address 425 WEST CAPITOL AVENUE

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement LEGAL SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 03 / 03 / 2016

Amount of Each Disbursement this Period: 1744.60

Memo Item

Transaction ID : SB17.I1614

**SUBTOTAL** of Disbursements This Page (optional) ..... 34672.07

**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 79 OF 99			
	<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. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER	State NY	Zip Code 14625	Amount of Each Disbursement this Period 293.88
Purpose of Disbursement PAYROLL TAXES		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.I1585</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER	State NY	Zip Code 14625	Amount of Each Disbursement this Period 69.70
Purpose of Disbursement PAYROLL PROCESSING FEES		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.I1586</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER	State NY	Zip Code 14625	Amount of Each Disbursement this Period 69.70
Purpose of Disbursement PAYROLL PROCESSING FEES		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.I1595</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	433.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 99			
	<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. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016							
Mailing Address 911 PANORAMA TRAIL SOUTH									
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 69.70							
Purpose of Disbursement PAYROLL PROCESSING FEES	Category/ Type	<input type="checkbox"/> Memo Item							
Candidate Name	Transaction ID : <b>SB17.I1623</b>								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<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)		
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								
State: District:									

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016							
Mailing Address 911 PANORAMA TRAIL SOUTH									
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 584.34							
Purpose of Disbursement PAYROLL TAXES	Category/ Type	<input type="checkbox"/> Memo Item							
Candidate Name	Transaction ID : <b>SB17.I1624</b>								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<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)		
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								
State: District:									

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016							
Mailing Address 911 PANORAMA TRAIL SOUTH									
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 569.96							
Purpose of Disbursement PAYROLL TAXES	Category/ Type	<input type="checkbox"/> Memo Item							
Candidate Name	Transaction ID : <b>SB17.I1638</b>								
Office Sought: <table border="0"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								
State: District:									

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1224.00
<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 81 OF 99	
	<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. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625	Amount of Each Disbursement this Period 67.09		
Purpose of Disbursement PAYROLL PROCESSING FEES	<input type="checkbox"/> Memo Item		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
		Transaction ID : <b>SB17.I1639</b>	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625	Amount of Each Disbursement this Period 368.13		
Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Memo Item		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
		Transaction ID : <b>SB17.I1646</b>	

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625	Amount of Each Disbursement this Period 66.87		
Purpose of Disbursement PAYROLL PROCESSING FEES	<input type="checkbox"/> Memo Item		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
		Transaction ID : <b>SB17.I1647</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	502.09
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 99	
	<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. PEARTREE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 52 EDGEHILL RD		Amount of Each Disbursement this Period 1595.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement MONTHLY RENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1613</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PEARTREE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016
Mailing Address 52 EDGEHILL RD		Amount of Each Disbursement this Period 1595.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement MONTHLY RENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1619</b>
Office Sought: <input type="checkbox"/> House <input checked="" 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 02 / 17 / 2016
Mailing Address 1501 N. UNIVERSITY AVENUE		Amount of Each Disbursement this Period 404.88
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement MONTHLY RENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1597</b>
Office Sought: <input type="checkbox"/> House <input checked="" 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).....	3594.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 99	
	<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. PROSPECT BUILDING**

Full Name (Last, First, Middle Initial)  
Mailing Address 1501 N. UNIVERSITY AVENUE

City LITTLE ROCK State AR Zip Code 72207

Purpose of Disbursement MONTHLY RENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 15 / 2016

Amount of Each Disbursement this Period: 414.80

Memo Item

Transaction ID : SB17.I1620

**B. RAISE THE MONEY, INC.**

Full Name (Last, First, Middle Initial)  
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: 02 / 29 / 2016

Amount of Each Disbursement this Period: 981.70

Memo Item

Transaction ID : SB17.I1633

**C. RAISE THE MONEY, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 26466

City LITTLE ROCK State AR Zip Code 72221

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2016

Amount of Each Disbursement this Period: 486.46

Memo Item

Transaction ID : SB17.I1634

**SUBTOTAL** of Disbursements This Page (optional) ..... 1882.96

**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 84 OF 99	
	<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. SALINE COUNTY GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 125 NORTH MARKET STREET		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item
City BENTON	State AR Zip Code 72015	
Purpose of Disbursement 2016 LINCOLN DAY DINNER		Transaction ID : <b>SB17.I1650</b>
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 02 / 22 / 2016
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 10110.51 <input type="checkbox"/> Memo Item
City TULSA	State OK Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS		Transaction ID : <b>SB17.I1640</b> CREDIT CARD PAYMENT - SEE MEMO ITEMS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACQUA AL 2</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 212 7TH ST SE		Amount of Each Disbursement this Period 28.10 <input checked="" type="checkbox"/> Memo Item
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement MEALS		Transaction ID : <b>SB17.I1679</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
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).....	10360.51
<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 99			
	<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 MM / DD / YYYY 02 / 22 / 2016	
Mailing Address 212 7TH ST SE			Amount of Each Disbursement this Period 447.40	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type	
Purpose of Disbursement MEALS				
Candidate Name			<input checked="" type="checkbox"/> 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)		Transaction ID : <b>SB17.I1681</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2016	
Mailing Address 208 SOUTH AKARD STREET			Amount of Each Disbursement this Period 49.71	
City DALLAS	State TX	Zip Code 75202	Category/ Type	
Purpose of Disbursement TELEPHONE				
Candidate Name			<input checked="" type="checkbox"/> 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)		Transaction ID : <b>SB17.I1666</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2016	
Mailing Address 208 SOUTH AKARD STREET			Amount of Each Disbursement this Period 65.39	
City DALLAS	State TX	Zip Code 75202	Category/ Type	
Purpose of Disbursement TELEPHONE				
Candidate Name			<input checked="" type="checkbox"/> 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)		Transaction ID : <b>SB17.I1667</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016	
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 86 OF 99	
	<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 MM / DD / YYYY 02 / 22 / 2016
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 44.25
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE	
Candidate Name		<input checked="" type="checkbox"/> 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)	<b>Transaction ID : SB17.I1680</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BEARNAISE</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 315 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 89.77
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEALS	
Candidate Name		<input checked="" type="checkbox"/> 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)	<b>Transaction ID : SB17.I1671</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CONGRESSIONAL INSTITUTE</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 1700 DIAGONAL RD #730		Amount of Each Disbursement this Period 853.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING EVENT - RENTAL	
Candidate Name		<input checked="" type="checkbox"/> 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)	<b>Transaction ID : SB17.I1668</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:	Category/Type	

<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 99			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial)

**A. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 22 / 2016

Amount of Each Disbursement this Period: 9.82

Memo Item

**Transaction ID : SB17.I1670**  
ITEMIZED CREDIT CARD PAYMENT 2/22/2016

Full Name (Last, First, Middle Initial)

**B. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 22 / 2016

Amount of Each Disbursement this Period: 11.44

Memo Item

**Transaction ID : SB17.I1673**  
ITEMIZED CREDIT CARD PAYMENT

Full Name (Last, First, Middle Initial)

**C. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 22 / 2016

Amount of Each Disbursement this Period: 12.62

Memo Item

**Transaction ID : SB17.I1675**  
ITEMIZED CREDIT CARD PAYMENT 2/22/2016

**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 88 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)  
**A. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 22 / 2016

Amount of Each Disbursement this Period: 11.98

Memo Item

Transaction ID : SB17.I1677  
ITEMIZED CREDIT CARD PAYMENT 2/22/2016

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF THE NRA**

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement TICKETS TO EVENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 22 / 2016

Amount of Each Disbursement this Period: 60.00

Memo Item

Transaction ID : SB17.I1674  
ITEMIZED CREDIT CARD PAYMENT 2/22/2016

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: 02 / 22 / 2016

Amount of Each Disbursement this Period: 27.57

Memo Item

Transaction ID : SB17.I1678  
ITEMIZED CREDIT CARD PAYMENT 2/22/2016

**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 89 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. MAILCHIMP</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 512 MEANS STREET, SUITE 404		Amount of Each Disbursement this Period 30.00
City ALTANTA	State GA Zip Code 30318	
Purpose of Disbursement INTERNET ADVERTISING	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.I1665</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT, INC.</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 109.00
City LITTLE ROCK	State AR Zip Code 72202	
Purpose of Disbursement CAMPAIGN OFFICE FURNITURE	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.I1669</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016

Full Name (Last, First, Middle Initial) <b>C. P C SIGNS</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 2534 COMMERCE BLVD		Amount of Each Disbursement this Period 8208.36
City CINCANNATI	State OH Zip Code 45241	
Purpose of Disbursement SIGNS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.I1672</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016

<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 90 OF 99	
	<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. SIM'S BAR B QUE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 1307 JOHN BARROW RD		Amount of Each Disbursement this Period 52.10
City LITTLE ROCK	State AR Zip Code 72205	
Purpose of Disbursement MEALS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : <b>SB17.I1676</b>	ITEMIZED CREDIT CARD PAYMENT 2/22/2016

Full Name (Last, First, Middle Initial) <b>B. SECURITY BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 1839.22
City TULSA	State OK Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : <b>SB17.I1641</b>	CREDIT CARD PAYMENT - SEE MEMO ITEMS

Full Name (Last, First, Middle Initial) <b>C. ACE HARDWARE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address CANTRELL		Amount of Each Disbursement this Period 14.16
City LITTLE ROCK	State AR Zip Code 72223	
Purpose of Disbursement FUNDRAISING SUPPLIES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : <b>SB17.I1662</b>	ITEMIZED CREDIT CARD PAYMENT 2/22/2016

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1839.22
<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 99	
	<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 PIE PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 10912 COLONEL GLENN ROAD SUITE 7000		Amount of Each Disbursement this Period 8.78
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement MEALS	
Candidate Name		<input checked="" type="checkbox"/> 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)	<b>Transaction ID : SB17.I1660</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN PIE PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 10912 COLONEL GLENN ROAD SUITE 7000		Amount of Each Disbursement this Period 8.78
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement MEALS	
Candidate Name		<input checked="" type="checkbox"/> 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)	<b>Transaction ID : SB17.I1661</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ARKANSAS BIG BUCK CLASSIC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 8200 REMOUNT RD		Amount of Each Disbursement this Period 370.00
City NORTH LITTLE ROCK State AR Zip Code 72118	Purpose of Disbursement FUNDRAISING - TABLE AT EVENT	
Candidate Name		<input checked="" type="checkbox"/> 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)	<b>Transaction ID : SB17.I1657</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:	Category/Type	

<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 99	
	<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. ARKANSAS REBAR</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 1222 AIRLANE		Amount of Each Disbursement this Period 1181.78
City BENTON	State AR Zip Code 72015	
Purpose of Disbursement SIGNS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.I1651</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016

Full Name (Last, First, Middle Initial) <b>B. FULLER &amp; SON HARDWARE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 5915 R STREET		Amount of Each Disbursement this Period 32.68
City LITTLE ROCK	State AR Zip Code 72207	
Purpose of Disbursement FUNDRAISING SUPPLIES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.I1656</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016

Full Name (Last, First, Middle Initial) <b>C. LOVE'S TRAVEL STOP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 11700 I-30		Amount of Each Disbursement this Period 20.00
City LITTLE ROCK	State AR Zip Code 72210	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.I1655</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016

<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 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPOT, INC.</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 17.43
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement FUNDRAISING SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1659</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAPA JOHN'S PIZZA</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 2000 S UNIVERSITY AVE		Amount of Each Disbursement this Period 46.07
City LITTLE ROCK	State AR	
Zip Code 72205	Purpose of Disbursement MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1664</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PILOT TRAVEL CENTER</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 7801 ALCOA ROAD		Amount of Each Disbursement this Period 25.89
City BENTON	State AR	
Zip Code 72019	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1658</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
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 94 OF 99	
	<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. SHELL OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 5801 R STREET		Amount of Each Disbursement this Period 40.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1663</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 12610 CHENAL PARKWAY		Amount of Each Disbursement this Period 35.33
City LITTLE ROCK	State AR	
Zip Code 72211	Purpose of Disbursement FUNDRAISING SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1654</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 2510 CANTRELL ROAD		Amount of Each Disbursement this Period 8.32
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement FUNDRAISING SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1652</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
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 99			
	<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. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 2510 CANTRELL ROAD		Amount of Each Disbursement this Period 30.00
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement FUNDRAISING SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1653</b> ITEMIZED CREDIT CARD PAYMENT 2/22/2016
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 03 / 04 / 2016
Mailing Address 425 WEST CAPITOL		Amount of Each Disbursement this Period 77.75
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement BANK CHARGES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1631</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SKYLITE SIGN &amp; NEON INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 23106 CHICOT RD		Amount of Each Disbursement this Period 327.00
City EAST END	State AR	
Zip Code 72103	Purpose of Disbursement SIGNS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1601</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	404.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 99			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. THE OORBEEK GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 5130.37
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement REIMBURSEMENT PAYMENT - SEE MEMO ITEMS			<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : <b>SB17.I1617</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:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. CAPITAL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 300 FIRST ST SE			Amount of Each Disbursement this Period 5130.37
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FUNDRAISNG EVENT RENTAL & CATERING			<input checked="" type="checkbox"/> Memo Item
Candidate Name			Transaction ID : <b>SB17.I1682</b> ITEMIZED REIMBURSEMENT PAYMENT 2/29/16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>C. THE OORBEEK GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 6068.36
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONSULTING - FUNDRAISING			<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : <b>SB17.I1627</b> REIMBURSEMENT PAYMENT - SEE MEMO ITEMS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11198.73
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CAPITAL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016	
Mailing Address 300 FIRST ST SE			Amount of Each Disbursement this Period 6068.36	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type	
Purpose of Disbursement FUNDRAISING EVENT & CATERING				
Candidate Name			<input checked="" type="checkbox"/> 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)		Transaction ID : <b>SB17.I1683</b> ITEMIZED PAYMENT 3/21/16	
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 03 / 21 / 2016	
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016			Amount of Each Disbursement this Period 2500.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type	
Purpose of Disbursement CONSULTING - FUNDRAISING				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.I1628</b>	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. TRIANGLE INSURANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016	
Mailing Address 4704 WEST COMMERCIAL DRIVE			Amount of Each Disbursement this Period 500.00	
City NORTH LITTLE ROCK	State AR	Zip Code 72116	Category/ Type	
Purpose of Disbursement INSURANCE				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.I1629</b>	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 98 OF 99			
	<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. REPUBLICAN PARTY OF ARKANSAS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2016</b>
Mailing Address <b>1201 WEST 6TH STREET</b>			Amount of Each Disbursement this Period <b>250.00</b> <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.I1615</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72201</b>	
Purpose of Disbursement <b>EVENT TICKETS</b>		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN PARTY OF ARKANSAS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2016</b>
Mailing Address <b>1201 WEST 6TH STREET</b>			Amount of Each Disbursement this Period <b>250.00</b> <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.I1616</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72201</b>	
Purpose of Disbursement <b>EVENT TICKETS</b>		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. REPUBLICAN PARTY OF ARKANSAS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 02 / 2016</b>
Mailing Address <b>1201 WEST 6TH STREET</b>			Amount of Each Disbursement this Period <b>125.00</b> <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.I1632</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72201</b>	
Purpose of Disbursement <b>SUBSCRIPTION</b>		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>625.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>124335.68</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 99			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. DR. WHITFIELD KNAPPLE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2016</b>
Mailing Address <b>4703 CRESTWOOD DR</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72207</b>
Purpose of Disbursement <b>REFUND OF EXCESS CONTRIBUTION ON 03/14/16</b>		<input type="checkbox"/> Memo Item <b>Transaction ID : SB20A.I1605</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

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

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		<input type="checkbox"/> Memo Item
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>500.00</b>