

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))....	374910.02	1645207.63
(b) Total Contribution Refunds (from Line 20(d))	0.00	850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	374910.02	1644357.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	111102.70	954630.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	39200.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	111102.70	915430.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	919279.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

French Hill for Arkansas

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	217800.00	882450.00
(ii) Unitemized.....	9204.60	31924.94
(iii) TOTAL of contributions from individuals ▶	227004.60	914374.94
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	147905.42	730832.69
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	374910.02	1645207.63
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.)	0.00	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)..... ▶	374910.02	1735644.82

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	111102.70	954630.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	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)).....	0.00	850.00
21. OTHER DISBURSEMENTS	10000.00	10000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	121102.70	965480.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	665471.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	374910.02
25. SUBTOTAL (add Line 23 and Line 24).....	1040381.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121102.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	919279.09

**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 220
(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)
MS. KATHLEEN ABURROW

Mailing Address **74 ROBINWOOD DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72227-2224**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11A.4792

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **1317 RED BUD**

City **PERRYVILLE** State **AR** Zip Code **72126-**

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

Name of Employer **P.V. MANAGEMENT** Occupation **INVESTMENTS**

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
04 / 15 / 2016

Transaction ID : SA11A.4883

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN A. ANDERSON

Mailing Address **24 E. MASONIC VIEW AVE**

City **ALEXANDRIA** State **VA** Zip Code **22301-2204**

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

Name of Employer **RICH FEUER ANDERSON** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11A.4832

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: (check only one)	PAGE 6 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. STEVEN M. ANTHONY

Mailing Address P.O. BOX 137

City State Zip Code
BEARDEN AR 71720-0137

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

Name of Employer Occupation
ANTHONY TIMBERLANDS, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4892

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RO ARRINGTON

Mailing Address 1605 N HARRISON ST

City State Zip Code
LITTLE ROCK AR 72207-5321

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

Name of Employer Occupation
STATE OF ARKANSAS PUBLIC FINANCE OFFICER

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
06 / 06 / 2016

Transaction ID : SA11A.5207

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. BRAD BALTZ

Mailing Address 9101 KANIS RD #200

City State Zip Code
LITTLE ROCK AR 72205-6455

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

Name of Employer Occupation
HEMATOLOGY ONCOLOGY SERVICES PHYSICIAN

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
05 / 12 / 2016

Transaction ID : SA11A.5198

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).....

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 7 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 100 MORGAN KEEGAN DRIVE, SUITE 100

City LITTLE ROCK	State AR	Zip Code 72202-2214
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FEC ID number of contributing federal political committee. **C**

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

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
 04 / 12 / 2016

Transaction ID : SA11A.4806

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 2222 COTTONDALE LANE SUITE 200

City LITTLE ROCK	State AR	Zip Code 72202-2017
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FEC ID number of contributing federal political committee. **C**

Name of Employer R & R SPORTS COMPANY	Occupation RETAIL
--	----------------------

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
 05 / 20 / 2016

Transaction ID : SA11A.5014

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JOY BARNES

Mailing Address 1369 HIGHWAY 425 SOUTH

City HAMBURG	State AR	Zip Code 71646-9001
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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
 05 / 13 / 2016

Transaction ID : SA11A.4978

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 8 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 118 I U WILLETS RD

City State Zip Code
OLD WESTBURY NY 11568-1521

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
06 / 29 / 2016

Transaction ID : SA11A.5235

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

Mailing Address 1820 NORTH BEECHWOOD

City State Zip Code
LITTLE ROCK AR 72207-2002

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

Name of Employer Occupation
FRIDAY LAW FIRM 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
04 / 15 / 2016

Transaction ID : SA11A.4897

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN BEACHBOARD

Mailing Address 5600 KAVANAUGH BOULEVARD

City State Zip Code
LITTLE ROCK AR 72207-4424

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

Name of Employer Occupation
SELF EMPLOYED RESTAURANT 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
06 / 09 / 2016

Transaction ID : SA11A.5112

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).....

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 9 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MARK BEACH

Mailing Address P.O. BOX 686

City: LITTLE ROCK State: AR Zip Code: 72203-0686

FEC ID number of contributing federal political committee: C

Name of Employer: C.D.I. CONTRACTOR Occupation: OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 06 / 2016

Transaction ID : SA11A.4924

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

B. 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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 05 / 06 / 2016

Transaction ID : SA11A.4923

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN BEASLEY

Mailing Address P.O. BOX 7609

City: LITTLE ROCK State: AR Zip Code: 72217-7609

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 04 / 07 / 2016

Transaction ID : SA11A.4824

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).....

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. CLAIRE B. BEAUMONT

Mailing Address 310 S. CHARTER ST.

City MADISON State WI Zip Code 53715-1575

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

Name of Employer RADIOLOGY CONSULTANTS Occupation RADIOLOGIST

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
 04 / 15 / 2016

Transaction ID : SA11A.4849

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RANDY BENHAM

Mailing Address 15220 HIGHWAY 165

City SCOTT State AR Zip Code 72142-9355

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

Name of Employer RADIOLOGY CONSULTANTS Occupation RADIOLOGY ASSISTANT

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
 04 / 15 / 2016

Transaction ID : SA11A.4858

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. CHRIS BENNETT

Mailing Address 2702 STONEHEDGE

City HARRISON State AR Zip Code 72601-8617

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

Name of Employer SELF EMPLOYED Occupation RADIOLOGIST

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
 05 / 26 / 2016

Transaction ID : SA11A.5033

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).....

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. COLE BIERBAUM

Mailing Address **20 LAVAL CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-8900**

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

Name of Employer **PINNACLE VALLEY HOSPITAL** Occupation **VETERINARIAN**

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
04 / 02 / 2016

Transaction ID : SA11A.4793

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN A. BLUMENTHAL

Mailing Address **1430 HIGHWOOD DRIVE**

City **MCLEAN** State **VA** Zip Code **22101-2520**

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

Name of Employer **WILLIAMS & JENSEN, PLLC** 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
04 / 15 / 2016

Transaction ID : SA11A.4902

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 7588**

City **LITTLE ROCK** State **AR** Zip Code **72217-7588**

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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.4975

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).....

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR LUNSFORD BRIDGES

Mailing Address PO BOX 8010

City: LITTLE ROCK State: AR Zip Code: 72203-8010

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: 06 / 09 / 2016

Transaction ID : SA11A.5109

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. KARILYN BROWN

Mailing Address P.O. BOX 6677

City: SHERWOOD State: AR Zip Code: 72124-6677

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 09 / 2016

Transaction ID : SA11A.4925

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

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

Mailing Address 2300 NORTH PALM STREET

City: LITTLE ROCK State: AR Zip Code: 72207-2052

FEC ID number of contributing federal political committee: C

Name of Employer: FRIDAY, ELDREDGE & CLARK Occupation: ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 06 / 2016

Transaction ID : SA11A.4801

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 13 OF 220
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. THOMAS EDWARD BROWN

Mailing Address 6900 SHERIDAN ROAD

City State Zip Code
WHITE HALL AR 71602-3212

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

Name of Employer Occupation
THOMAS E BROWN ATTORNEYS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11A.4821

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 2604 VALLEY DRIVE

City State Zip Code
ALEXANDRIA VA 22302-2843

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

Name of Employer Occupation
OGILVY GOVERNMENT RELATIONS PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2925.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : SA11A.5204

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 2604 VALLEY DRIVE

City State Zip Code
ALEXANDRIA VA 22302-2843

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

Name of Employer Occupation
OGILVY GOVERNMENT RELATIONS PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2925.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11A.5217

Amount of Each Receipt this Period
1300.00

Memo Item
CONTRIBUTION

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

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

2550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 220
	<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. AARON BURKES

Mailing Address 62 ELDORADO DR

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

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

Name of Employer ADFA	Occupation ATTORNEY
--------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016

Transaction ID : SA11A.5120

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 3700 OLD CANTRELL ROAD

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

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

Name of Employer DOVER DIXON HORNE, P.L.L.C.	Occupation ATTORNEY
---	------------------------

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
 06 / 04 / 2016

Transaction ID : SA11A.5206

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 49 HICKORY HILLS CIRCLE

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

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

Name of Employer FELLOWSHIP ASSOCIATES	Occupation CONSULTANT
---	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11A.5202

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 15 OF 220
(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
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11A.4993

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CARLYN L. CANHAM

Mailing Address 202 INDIANHEAD DRIVE

City State Zip Code
SHERWOOD AR 72120-3607

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11A.5087

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRADFORD CARD

Mailing Address 896 HELGA PL

City State Zip Code
MCLEAN VA 22102-

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

Name of Employer Occupation
CARD AND ASSOCIATES 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
05 / 25 / 2016

Transaction ID : SA11A.5219

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).....

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 203 CHALAMONT LANE

City State Zip Code
LITTLE ROCK AR 72223-5502

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

Name of Employer Occupation
SIMMONS WEALTH MANAGEMENT FINANCIAL ADVISOR

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
04 / 15 / 2016

Transaction ID : SA11A.4880

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 21 RUBRA COURT

City State Zip Code
LITTLE ROCK AR 72223-9135

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

Name of Employer Occupation
RAYMOND JAMES INVESTMENT SALES

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
04 / 15 / 2016

Transaction ID : SA11A.4904

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 241427

City State Zip Code
LITTLE ROCK AR 72223-0008

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

Name of Employer Occupation
CARPENTER HOTEL GROUP, L.L.C. CHIEF EXECUTIVE OFFICER

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
04 / 07 / 2016

Transaction ID : SA11A.5088

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: PAGE 17 OF 220
(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)
DR. STEVEN L. CATHEY

Mailing Address 6 CHENAL WOODS 631

City State Zip Code
LITTLE ROCK AR 72223-

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4887

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 3060 WINDCREST DRIVE

City State Zip Code
CONWAY AR 72034-3484

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
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : SA11A.5040

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. BARBARA CHERRY

Mailing Address 1 RIVERBEND RD

City State Zip Code
LITTLE ROCK AR 72202-1409

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

Name of Employer Occupation
JANET JONES COMPANY REAL ESTATE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : SA11A.5231

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).....

550.00

**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 220
(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. STEPHEN B. CLARK

Mailing Address 9273 LERWICK DRIVE

City DUBLIN State OH Zip Code 43017-9492

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

Name of Employer CGCN GROUP, LLC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11A.4831

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 9273 LERWICK DRIVE

City DUBLIN State OH Zip Code 43017-9492

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

Name of Employer CGCN GROUP, LLC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11A.5001

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 3 SHAWBRIDGE LANE

City LITTLE ROCK State AR Zip Code 72212-2910

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

Name of Employer ACXIOM Occupation SENIOR PROJECT MANAGER

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
06 / 30 / 2016

Transaction ID : SA11A.5272

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 19 OF 220
(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. WILLIAM CLARK

Mailing Address **24 CAMERONWOOD ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72223-9784**

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

Name of Employer **CLARK CONTRACTORS** Occupation **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4884

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **524 SHADY VALLEY DR**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-5124**

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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4875

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **9 RIVER RIDGE ROAD**

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

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

Name of Employer **STEPHENS, INC.** Occupation **SR. VICE PRESIDENT, PRODUCER**

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
06 / 24 / 2016

Transaction ID : SA11A.5245

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 20 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 50 RIVER RIDGE ROAD

City State Zip Code
LITTLE ROCK AR 72227-1518

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : SA11A.5131

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BEN COMBS

Mailing Address 10 RIVER VIEW POINT

City State Zip Code
LITTLE ROCK AR 72227-1516

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

Name of Employer Occupation
COMBS AND COMPANY ADVERTISING

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
06 / 30 / 2016

Transaction ID : SA11A.5271

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. SANDRA M. CONNOR

Mailing Address 3505 TURTLE CREEK BOULEVARD
12A

City State Zip Code
DALLAS TX 75219-5562

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : SA11A.5203

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).....

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 220
	<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. CHAD CRANK

Mailing Address 2719 NORTH TAYLOR STREET

City LITTLE ROCK	State AR	Zip Code 72207-2834
---------------------	-------------	------------------------

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

Name of Employer STEPHENS, INC.	Occupation INVESTMENT 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
 04 / 08 / 2016

Transaction ID : SA11A.4803

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILL CREASMAN

Mailing Address 2800 CANTRELL ROAD 500

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

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

Name of Employer LIFE & SPECIALTY VENTURES	Occupation EVP GENERAL COUNSEL
---	-----------------------------------

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
 04 / 01 / 2016

Transaction ID : SA11A.5163

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LEE CRESS

Mailing Address 38 RIVER RIDGE ROAD

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

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11A.4840

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 22 OF 220
	<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. JUSTIN DALY

Mailing Address PO BOX 1301

City State Zip Code
GREAT FALLS VA 22066-8301

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

Name of Employer Occupation
DALY CONSULTING GROUP OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : SA11A.5174

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JERRY DAMEROW

Mailing Address 3 PIEDMONT CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-2231

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

Name of Employer Occupation
INTERVEXION THERAPEUTICS CHIEF FINANCIAL OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11A.5201

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 7107 FERNDAL CUTOFF

City State Zip Code
LITTLE ROCK AR 72223-9430

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
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4871

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 23 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address **4612 CLUB ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-2012**

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

Name of Employer **SIMMONS FIRST NATIONAL** Occupation **BANKER**

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
06 / 30 / 2016

Transaction ID : SA11A.5287

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MITCHELL DAVIDSON

Mailing Address **778 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10021-3554**

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

Name of Employer **POST CAPITAL MARKETS LLC** Occupation **PRIVATE EQUITY**

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
06 / 29 / 2016

Transaction ID : SA11A.5239

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

Mailing Address **240 BUCKLAND CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-4534**

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

Name of Employer **BAPTIST HEALTH** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.4974

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).....

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 24 OF 220
	<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. JEFFREY S. DAVIS

Mailing Address 3409 NEWARK ST NW

City State Zip Code
WASHINGTON DC 20016-3165

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

Name of Employer Occupation
NASDAQ 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
06 / 30 / 2016

Transaction ID : SA11A.5300

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RUSH DEACON

Mailing Address 4801 NORTH SHORE DR.

City State Zip Code
NORTH LITTLE ROCK AR 72118-5295

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

Name of Employer Occupation
SAFE FOODS CORP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : SA11A.5210

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. PHILIP J. DEER III

Mailing Address 36 RIVER RIDGE ROAD

City State Zip Code
LITTLE ROCK AR 72227-1520

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

Name of Employer Occupation
DEER PENICK EYE CLINIC 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
06 / 30 / 2016

Transaction ID : SA11A.5263

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 25 OF 220
	<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. MATT DEMENT

Mailing Address 41 INVERNESS CIR

City State Zip Code
LITTLE ROCK AR 72212-2905

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

Name of Employer Occupation
WINDSTREAM CORPORATE 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
06 / 02 / 2016

Transaction ID : SA11A.5222

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HASKELL DICKINSON

Mailing Address 6 WEST PALISADES DRIVE

City State Zip Code
LITTLE ROCK AR 72207-1854

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

Name of Employer Occupation
MCGEORGE CONTRACTING COMPANY C.E.O.

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
04 / 15 / 2016

Transaction ID : SA11A.4843

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 2 TREE TOPS LANE
802

City State Zip Code
LITTLE ROCK AR 72202-1660

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

Name of Employer Occupation
SELF EMPLOYED THEATRE 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
04 / 06 / 2016

Transaction ID : SA11A.4798

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).....

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 220
	<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. ALEX DILLARD

Mailing Address **24 EDGEHILL ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-5462**

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

Name of Employer **DILLARD'S, INC.** Occupation **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
04 / 01 / 2016

Transaction ID : SA11A.5159

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN C. DUGAN

Mailing Address **20 HESKETH STREET**

City **CHEVY CHASE** State **MD** Zip Code **20815-4225**

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

Name of Employer **COVINGTON & BURLING L.L.P.** 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
04 / 29 / 2016

Transaction ID : SA11A.4908

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DELMA D. DUNN

Mailing Address **1923 E. JOYCE BLVD APT 138
FAYETTEVILLE**

City **FAYETTEVILLE** State **AR** Zip Code **72703-5168**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4836

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: PAGE 27 OF 220
(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)
DR. STEVEN A. DUNNAGAN

Mailing Address 150 HICKORY CREEK CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2511

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2016

Transaction ID : SA11A.4810

Amount of Each Receipt this Period
1000.00

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
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.4927

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BYRON M. EISEMAN

Mailing Address 64 RIVER RIDGE ROAD

City State Zip Code
LITTLE ROCK AR 72227-1518

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

Name of Employer Occupation
FRIDAY ELDREDGE & CLARK 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
06 / 15 / 2016

Transaction ID : SA11A.5212

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).....

1500.00

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

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

FOR LINE NUMBER: PAGE 28 OF 220
(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. DAVID EISNER

Mailing Address 165 WEST END AVE APT 7D

City State Zip Code
NEW YORK NY 10023-5506

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

Name of Employer Occupation
SELF EMPLOYED ENTREPRENEUR

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
 06 / 29 / 2016

Transaction ID : SA11A.5237

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACKSON FARROW JR.

Mailing Address 20 RIVER RIDGE CIRCLE

City State Zip Code
LITTLE ROCK AR 72227-1503

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

Name of Employer Occupation
STEPHENS CAPITAL PARTNERS GENERAL COUNSEL

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
 04 / 15 / 2016

Transaction ID : SA11A.4870

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LISA C. FERRELL

Mailing Address 58 CARMEL DRIVE

City State Zip Code
LITTLE ROCK AR 72212-4401

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

Name of Employer Occupation
SELF EMPLOYED 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
 04 / 13 / 2016

Transaction ID : SA11A.4812

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).....

3500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 220
(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. THOMAS M. FERSTL

Mailing Address 4824 HILLCREST AVE

City State Zip Code
LITTLE ROCK AR 72205-1914

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

Name of Employer Occupation
THE BAILEY CORPORATION REAL ESTATE CONSULTANT

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
05 / 20 / 2016

Transaction ID : SA11A.4995

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 61 ELDORADO DR

City State Zip Code
LITTLE ROCK AR 72212-2822

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

Name of Employer Occupation
WEST TREE CFO

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
06 / 09 / 2016

Transaction ID : SA11A.5127

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ADAM M. FINCH

Mailing Address 2909 MAELSTROM CIRCLE

City State Zip Code
SHERWOOD AR 72120-4361

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGY ASSISTANT

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
04 / 15 / 2016

Transaction ID : SA11A.4865

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).....

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 220
	<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. LINDA LEIGH FLANAGIN

Mailing Address P.O. BOX 865

City State Zip Code
LITTLE ROCK AR 72203-0865

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

Name of Employer Occupation
SELF EMPLOYED POLITICAL CONSULTANT

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
04 15 2016

Transaction ID : SA11A.4888

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREG W. FLESHER

Mailing Address 5117 EDGEWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5411

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

Name of Employer Occupation
FROST, P.L.L.C. C.P.A.

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
04 01 2016

Transaction ID : SA11A.5168

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 2600 N. PIERCE ST.

City State Zip Code
LITTLE ROCK AR 72207-3623

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

Name of Employer Occupation
WINDSTREAM COMMUNICATIONS ATTORNEY

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
06 02 2016

Transaction ID : SA11A.5067

Amount of Each Receipt this Period
2300.00

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: PAGE 31 OF 220
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. STACY FLETCHER

Mailing Address 2600 NORTH PIERCE ST

City State Zip Code
LITTLE ROCK AR 72207-3623

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
3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11A.4889

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MOZELLA DEES 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
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11A.5153

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 22311 HIGHWAY 10

City State Zip Code
LITTLE ROCK AR 72223-4449

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

Name of Employer Occupation
WESTROCK CAPITAL PARTNERS, L.L.C. PARTNER

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
 06 / 09 / 2016

Transaction ID : SA11A.5117

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).....

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 220
	<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. J. DAVID FORTENBERRY

Mailing Address 36 ISBELL LANE

City State Zip Code
LITTLE ROCK AR 72223-5132

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

Name of Employer Occupation
RAYMOND JAMES AND ASSOCIATES, INC. FINANCIAL ADVISOR

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
04 / 01 / 2016

Transaction ID : SA11A.5165

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. 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

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
05 / 19 / 2016

Transaction ID : SA11A.5200

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. CANDANCE FRANKS

Mailing Address 1 GIBSON DR

City State Zip Code
LITTLE ROCK AR 72227-2205

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

Name of Employer Occupation
STATE BANK DEPT. COMMISSIONER

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
06 / 24 / 2016

Transaction ID : SA11A.5247

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).....

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 2100 COUNTRY CLUB LANE

City Little Rock State AR Zip Code 72207-2040

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

Name of Employer SELF EMPLOYED Occupation DERMATOLOGIST

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
 06 / 09 / 2016

Transaction ID : SA11A.5121

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 166

City KEO State AR Zip Code 72083-0166

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

Name of Employer KEO FISH FARM Occupation FISH FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11A.4991

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ADENA FRIEDMAN

Mailing Address 16 MAGNOLIA PKWY

City CHEVY CHASE State MD Zip Code 20815-4205

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

Name of Employer NASDAQ, INC Occupation PRESIDENT/ COO

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
 06 / 30 / 2016

Transaction ID : SA11A.5242

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 34 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. C.J. FULLER

Mailing Address **2 PEBBLE BEACH DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2805**

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

Name of Employer **RADIOLOGY CONSULTANTS** Occupation **RADIOLOGIST**

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
04 / 15 / 2016

Transaction ID : SA11A.4864

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **5 BRAEBURN COURT**

City **LITTLE ROCK** State **AR** Zip Code **72212-2801**

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

Name of Employer **RON FULLER ENTERPRISES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SA11A.5216

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **56 PEBBLE BEACH DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2805**

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

Name of Employer **GADBERRY FINANCIAL GROUP** Occupation **INVESTMENT ADVISOR**

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
04 / 15 / 2016

Transaction ID : SA11A.4867

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 35 OF 220
(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 GADBERRY

Mailing Address **16 MASTERS CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-3310**

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11A.5154

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SAM GEDULDIG

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

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

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

Name of Employer **CGCN GROUP** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11A.5003

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. BRIAN GILES

Mailing Address **15 HOGGARDS RDG**

City **LITTLE ROCK** State **AR** Zip Code **72211-3795**

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

Name of Employer **RADIOLOGY CONSULTANTS** Occupation **RADIOLOGIST**

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
04 / 15 / 2016

Transaction ID : SA11A.4848

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 36 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. GARRY B. GLASCO

Mailing Address **35 SOLOGNE CIRCLE**

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

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

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

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
04 / 15 / 2016

Transaction ID : SA11A.4835

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ANNE B. GLOVER

Mailing Address **6 HERITAGE PARK CIRCLE**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-8529**

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

Name of Employer **GLOVER'S TRUCK PARTS AND EQUIPMENT** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4842

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD A. GOFF

Mailing Address **5 IRON HORSE RD**

City **LITTLE ROCK** State **AR** Zip Code **72223-9502**

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

Name of Employer **GOFF DISTRIBUTION** 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
04 / 22 / 2016

Transaction ID : SA11A.4827

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).....

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 220
	<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. RICHARD A. GOFF

Mailing Address 5 IRON HORSE RD

City State Zip Code
LITTLE ROCK AR 72223-9502

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

Name of Employer Occupation
GOFF DISTRIBUTION 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
05 / 20 / 2016

Transaction ID : SA11A.5005

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 5 IRON HORSE RD

City State Zip Code
LITTLE ROCK AR 72223-9502

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

Name of Employer Occupation
GOFF DISTRIBUTION 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
06 / 24 / 2016

Transaction ID : SA11A.5255

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 1908 NORTH SPRUCE

City State Zip Code
LITTLE ROCK AR 72207-4718

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

Name of Employer Occupation
ARKANSAS UROLOGY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4876

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 38 OF 220
(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)
DR. WHIT GOODWIN

Mailing Address 14400 BEAU VUE DR.

City State Zip Code
LITTLE ROCK AR 72223-5189

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
04 / 15 / 2016

Transaction ID : SA11A.4845

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THAD GRAY

Mailing Address 1615 FOXWOOD DR

City State Zip Code
JACKSONVILLE AR 72076-2683

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

Name of Employer Occupation
BART GRAY REALTY REAL ESTATE

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
05 / 13 / 2016

Transaction ID : SA11A.4953

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 55 FONTENAY CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-9569

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

Name of Employer Occupation
ADVANCE ARKANSAS INSTITUTE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4890

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: (check only one)	PAGE 39 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 55 FONTENAY CIRCLE

City: LITTLE ROCK State: AR Zip Code: 72223-9569

FEC ID number of contributing federal political committee: C

Name of Employer: ADVANCE ARKANSAS INSTITUTE Occupation: PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 06 / 09 / 2016

Transaction ID : SA11A.5126

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CHRISTIE GRUMBOS

Mailing Address 4001 RODNEY PARHAM RD

City: LITTLE ROCK State: AR Zip Code: 72212-2459

FEC ID number of contributing federal political committee: C

Name of Employer: WINDSTREAM Occupation: TREASURER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 01 / 2016

Transaction ID : SA11A.5220

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

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

Mailing Address 65 GRUMPYS DR

City: GREENBRIER State: AR Zip Code: 72058-8512

FEC ID number of contributing federal political committee: C

Name of Employer: FIRST SERVICE BANK Occupation: BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 17 / 2016

Transaction ID : SA11A.5229

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 40 OF 220
	<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 GUNDERMAN

Mailing Address 4001 RODNEY PARHAM RD

City State Zip Code
LITTLE ROCK AR 72212-2459

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

Name of Employer Occupation
WINDSTREAM CFO

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
06 / 01 / 2016

Transaction ID : SA11A.5221

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KENNETH ALLEN GUNDERMAN

Mailing Address 2000 COUNTRY CLUB LANE

City State Zip Code
LITTLE ROCK AR 72207-2038

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

Name of Employer Occupation
COMMUNICATION SALES & LEASING, INC. CEO

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
06 / 02 / 2016

Transaction ID : SA11A.5205

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARCI H. HALL

Mailing Address 7 REDCOAT LN

City State Zip Code
LITTLE ROCK AR 72227-2310

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

Name of Employer Occupation
BIG ROCK MINI GOLF & FUN PARK 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
06 / 20 / 2016

Transaction ID : SA11A.5214

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).....

4250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 220
	<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 FOSTER HAMILTON

Mailing Address 1 GLENLEIGH DRIVE

City State Zip Code
LITTLE ROCK AR 72227-2207

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.5262

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KEVIN HAPLIN

Mailing Address 17 BRETAGNE CIR

City State Zip Code
LITTLE ROCK AR 72223-9115

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

Name of Employer Occupation
WINDSTREAM EXECUTIVE

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
06 / 02 / 2016

Transaction ID : SA11A.5225

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 12005 FAIRWAY DRIVE

City State Zip Code
LITTLE ROCK AR 72212-3426

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.4970

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).....

875.00

**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 220
(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. EDWIN HARPOLE JR.

Mailing Address 129 NOYWANT DRIVE

City State Zip Code
LITTLE ROCK AR 72223-5078

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
05 / 13 / 2016

Transaction ID : SA11A.4931

Amount of Each Receipt this Period
1250.00

Memo Item
CONTRIBUTION

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

Mailing Address 14 W PLAZA BLVD

City State Zip Code
CABOT AR 72023-3753

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

Name of Employer Occupation
ARVEST ASSET MANAGMENT CHIEF COMPLIANCE OFFICER

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
04 / 01 / 2016

Transaction ID : SA11A.5151

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PAUL HART

Mailing Address 73 VALLEY CLUB CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-3445

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

Name of Employer Occupation
MCLARTY COMPANY CHIEF FINANCIAL 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
06 / 24 / 2016

Transaction ID : SA11A.5248

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).....

1850.00

**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 220
(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)
DR. SCOTT HARTER

Mailing Address 55 MAISONS DRIVE

City State Zip Code
LITTLE ROCK AR 72223-9020

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
04 / 15 / 2016

Transaction ID : SA11A.4847

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD HASSEN

Mailing Address 3 GRAND CT

City State Zip Code
COLTS NECK NJ 07722-1070

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

Name of Employer Occupation
NASDAQ SR. VICE PRESODENT/ INTERIM CFO

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
06 / 24 / 2016

Transaction ID : SA11A.5256

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 29 SHERRILL ROAD

City State Zip Code
LITTLE ROCK AR 72202-1516

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2016

Transaction ID : SA11A.5199

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 24229 COMEGYS BIGHT LN

City CHESTERTOWN State MD Zip Code 21620-5230

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

Name of Employer NASDAQ, INC Occupation ECONOMIST

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
 06 / 30 / 2016

Transaction ID : SA11A.5241

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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

Mailing Address 248 E 94TH ST

City NEW YORK State NY Zip Code 10128-3706

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

Name of Employer SPECTRUM CHEMICAL & LIGHT PRODUCTS Occupation CEO / PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11A.5238

Amount of Each Receipt this Period
 1500.00

Memo Item
CONTRIBUTION

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

Mailing Address 18 FARNHAM LOOP

City LITTLE ROCK State AR Zip Code 72223-9199

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

Name of Employer CARTI Occupation 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
 04 / 15 / 2016

Transaction ID : SA11A.4891

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 45 OF 220
(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. DANIEL HEARD

Mailing Address 79 VALLEY CLUB CIR

City State Zip Code
LITTLE ROCK AR 72212-3445

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

Name of Employer Occupation
CS&L ATTORNEY

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
 06 / 02 / 2016

Transaction ID : SA11A.5224

Amount of Each Receipt this Period
 1500.00

Memo Item
CONTRIBUTION

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

Mailing Address 930 WAKEFIELD DRIVE

City State Zip Code
CONWAY AR 72032-8869

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

Name of Employer Occupation
NABHOLZ CONSTURCTION SERVICES PRESIDENT

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
 04 / 15 / 2016

Transaction ID : SA11A.4879

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. HENRY SR.

Mailing Address 61 SOLOGNE CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-8913

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11A.4852

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).....

2750.00

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

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

FOR LINE NUMBER: PAGE 46 OF 220
(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)
DR. WILLIAM T. HENRY SR.

Mailing Address 61 SOLOGNE CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-8913

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4853

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 425 WEST CAPITOL AVE
SUITE 3550

City State Zip Code
LITTLE ROCK AR 72201-3558

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

Name of Employer Occupation
THE HOLMES ORGANIZATION OF AR INSURANCE BROKER

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
04 / 13 / 2016

Transaction ID : SA11A.4808

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HERREN C. HICKINGBOTHAM

Mailing Address 11300 NORTH RODNEY PARHAM ROAD
SUITE 300

City State Zip Code
LITTLE ROCK AR 72212-4105

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

Name of Employer Occupation
HICKINGBOTHAM INVESTMENTS 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
05 / 20 / 2016

Transaction ID : SA11A.5016

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).....

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOHN 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 **500.00**

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

Transaction ID : SA11A.5064

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUSTICE JACK HOLT

Mailing Address **6425 FORESTWOOD FARM ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72223-4440**

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 **475.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4896

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JUSTICE JACK HOLT

Mailing Address **6425 FORESTWOOD FARM ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72223-4440**

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 **475.00**

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

Transaction ID : SA11A.5063

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

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

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

475.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 1921 NORTH SPRUCE STREET

City State Zip Code
LITTLE ROCK AR 72207-4717

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

Name of Employer Occupation
FRIDAY ELDREDGE & CLARK 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
04 / 06 / 2016

Transaction ID : SA11A.4797

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 2800 CANTRELL ROAD
SUITE 500

City State Zip Code
LITTLE ROCK AR 72202-2043

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

Name of Employer Occupation
JACK NELSON JONES AND BRYANT ATTORNEY

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
06 / 14 / 2016

Transaction ID : SA11A.5193

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 58 CARMEL DR

City State Zip Code
LITTLE ROCK AR 72212-4401

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

Name of Employer Occupation
JACKSON LAW FIRM 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
04 / 13 / 2016

Transaction ID : SA11A.4811

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).....

2000.00

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

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

FOR LINE NUMBER: PAGE 49 OF 220
(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)
DR. CHARLES JAMES

Mailing Address 4934 E. CRESTWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72207-5408

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

Name of Employer Occupation
UAMS 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
04 / 15 / 2016

Transaction ID : SA11A.4905

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 5101 EDGEWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5411

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
04 / 01 / 2016

Transaction ID : SA11A.5152

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 5406 EDGEWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5310

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

Name of Employer Occupation
JANET JONES REAL ESTATE OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4839

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: (check only one)	PAGE 50 OF 220
	<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 **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : SA11A.5209

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MAX THOMAS KANE

Mailing Address **1701 N. SPRUCE**

City **LITTLE ROCK** State **AR** Zip Code **72207-5459**

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

Name of Employer **STEPHENS INSURANCE, LLC** Occupation **INSURANCE CONSULTANT**

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
04 / 15 / 2016

Transaction ID : SA11A.4872

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **116 HICKORY CREEK CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2510**

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

Name of Employer **KARRH AND ASSOCIATES** Occupation **C.E.O.**

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
04 / 09 / 2016

Transaction ID : SA11A.4805

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: (check only one)	PAGE 51 OF 220
	<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 A. KARRH

Mailing Address 116 HICKORY CREEK CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2510

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

Name of Employer Occupation
KARRH AND ASSOCIATES C.E.O.

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
 06 / 30 / 2016

Transaction ID : SA11A.5274

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ELICIA S. KENNEDY

Mailing Address 220 CRYSTAL COURT

City State Zip Code
LITTLE ROCK AR 72205-4230

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

Name of Employer Occupation
ELICIA S. KENNEDY, M.D., P.A. 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
 06 / 09 / 2016

Transaction ID : SA11A.5125

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 220 CRYSTAL COURT

City State Zip Code
LITTLE ROCK AR 72205-4230

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

Name of Employer Occupation
LOWER FORK HOLDINGS LLC INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016

Transaction ID : SA11A.5124

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).....

2000.00

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

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

FOR LINE NUMBER: PAGE 52 OF 220
(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. MATTHEW KENTNER

Mailing Address 1314 LOYOLA DRIVE

City State Zip Code
LITTLE ROCK AR 72211-6110

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

Name of Employer Occupation
STEPHENS INC. INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : SA11A.4915

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. GHULAM KHALEEL

Mailing Address ONE ST. VINCENT'S CIRCLE
SUITE 310

City State Zip Code
LITTLE ROCK AR 72205-

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

Name of Employer Occupation
NEUROLOGY CLINIC OF SOUTH ARKANSAS 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
04 / 13 / 2016

Transaction ID : SA11A.4809

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 10 VANTAGE POINT

City State Zip Code
LITTLE ROCK AR 72207-1617

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
04 / 15 / 2016

Transaction ID : SA11A.4877

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

**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 220
	<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. ED KNIGHT

Mailing Address **32 W IRVING ST**

City **CHEVY CHASE** State **MD** Zip Code **20815-4262**

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

Name of Employer **NASDAQ** Occupation **EXECUTIVE VICE PRESIDENT/COUNSEL**

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
06 / 30 / 2016

Transaction ID : SA11A.5288

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address **2 RIVER OAKS CIRCLE**

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

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
05 / 11 / 2016

Transaction ID : SA11A.5197

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.5270

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).....

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address **2 BRIDGEVIEW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1621**

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

Name of Employer **ST. VINCENT HOSPITAL** Occupation **CARDIOLOGIST**

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
04 / 07 / 2016

Transaction ID : SA11A.5106

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JAMES F. KYSER

Mailing Address **2211 NORTH SPRUCE ST**

City **LITTLE ROCK** State **AR** Zip Code **72207-4731**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11A.4813

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address **P.O. BOX 17878**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72117-0878**

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

Name of Employer **AMERICAN MATERIAL** Occupation **SALES**

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
04 / 15 / 2016

Transaction ID : SA11A.4885

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).....

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. DIANA LACY

Mailing Address 1 LAKEWOOD DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72116-6959

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

Name of Employer STEPHENS, INC. Occupation PROPERTY 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
 04 / 15 / 2016

Transaction ID : SA11A.4894

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROGER LACY

Mailing Address 1 LAKEWOOD DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72116-6959

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

Name of Employer D&B JANITORIAL COMPANY 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
 04 / 15 / 2016

Transaction ID : SA11A.4893

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROGER LACY

Mailing Address 1 LAKEWOOD DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72116-6959

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

Name of Employer D&B JANITORIAL COMPANY 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
 06 / 30 / 2016

Transaction ID : SA11A.5267

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).....

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) MR. JAI LAMBERT		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address 9 CONNELL DRIVE		Transaction ID : SA11A.5243	
City LITTLE ROCK	State AR	Zip Code 72205-1507	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer STRATOS GROUP, L.L.C.	Occupation ART DIRECTOR		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
		<input type="checkbox"/> Memo Item CONTRIBUTION IN KIND CONTRIBUTION - CAMPAIGN MATERIALS	

Full Name (Last, First, Middle Initial) MR. JOSHUA H. LANDES		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 740 W 232ND ST		Transaction ID : SA11A.5296	
City RIVERDALE	State NY	Zip Code 10463-1010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer WYNNEFIELD CAPITAL	Occupation PARTNER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
		<input type="checkbox"/> Memo Item CONTRIBUTION	

Full Name (Last, First, Middle Initial) MR. LEWIS LANGSTON		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2016	
Mailing Address 2411 HIDDEN VALLEY DR		Transaction ID : SA11A.5228	
City LITTLE ROCK	State AR	Zip Code 72212-3515	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer WINDSTREAM	Occupation TELECOM		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
		<input type="checkbox"/> Memo Item CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 220
	<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. JILL LAWRENCE

Mailing Address 8201 CANTRELL ROAD

City State Zip Code
LITTLE ROCK AR 72227-2453

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

Name of Employer Occupation
J. LAWRENCE DESIGN INTERIOR DESIGNER

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
04 / 12 / 2016

Transaction ID : SA11A.4807

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EUGENE LEWIS JR.

Mailing Address 2200 NORTH PALM STREET

City State Zip Code
LITTLE ROCK AR 72207-2050

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

Name of Employer Occupation
LEWIS REALTY AND ASSOCIATES REAL ESTATE

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
06 / 30 / 2016

Transaction ID : SA11A.5266

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. PHAM H. LIEM

Mailing Address 343 VALLEY CLUB CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2900

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
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11A.4820

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).....

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. PHAM H. LIEM

Mailing Address **343 VALLEY CLUB CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2900**

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
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.4940

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 8020**

City **GARDEN CITY** State **NY** Zip Code **11530-8020**

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

Name of Employer **MORGAN STANLEY** Occupation **SR. VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.5297

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD COBB LOVELESS

Mailing Address **21 SHANNON DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72207-5144**

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

Name of Employer **ADKINS, MCNEILL, SMITH, & ASSOICATES** Occupation **REAL ESTATE**

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
06 / 30 / 2016

Transaction ID : SA11A.5265

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

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

1900.00

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

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

FOR LINE NUMBER: PAGE 59 OF 220
(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)
DR. WILLIAM T. MABREY SR.

Mailing Address 1708 NORTH PALM STREET

City State Zip Code
LITTLE ROCK AR 72207-5456

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

Name of Employer Occupation
MAGIE MABREY EYE CLINIC PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.4947

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JAY MARTIN

Mailing Address 110 BUCKLAND PLACE

City State Zip Code
LITTLE ROCK AR 72223-4567

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
04 / 15 / 2016

Transaction ID : SA11A.4850

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MELINDA MARTIN

Mailing Address 1 RIVER VALLEY ROAD

City State Zip Code
LITTLE ROCK AR 72227-1504

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.5269

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 60 OF 220
(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. WARREN H. MARUYAMA

Mailing Address 4131 HARRISON STREET NW

City State Zip Code
WASHINGTON DC 20015-1941

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

Name of Employer Occupation
HOGAN LOVELLS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016

Transaction ID : SA11A.5118

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JESSE MASON

Mailing Address 14 DUCLAIR COURT

City State Zip Code
LITTLE ROCK AR 72223-9570

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

Name of Employer Occupation
UNIVERSITY OF AR AT LITTLE ROCK DIRECTOR COOP EDUCATION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2016

Transaction ID : SA11A.5090

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CAL MCCAUSTLAIN

Mailing Address 1801 SHADOW LANE

City State Zip Code
LITTLE ROCK AR 72207-2015

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

Name of Employer Occupation
DOVER DIXON HORNE P.L.L.C. 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
 05 / 13 / 2016

Transaction ID : SA11A.4971

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

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

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

FOR LINE NUMBER: PAGE 61 OF 220
(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. MATTHEW MCCRARY

Mailing Address **9 CASCADES DRIVE**

City State Zip Code
LITTLE ROCK AR 72212-3315

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
04 15 2016

Transaction ID : SA11A.4851

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HUGH T. MCDONALD

Mailing Address **52 FONTENAY CIRCLE**

City State Zip Code
LITTLE ROCK AR 72223-9568

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

Name of Employer Occupation
ENTERGY ARKANSAS C.E.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 26 2016

Transaction ID : SA11A.5028

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JAMES E. MCDONALD

Mailing Address **12 SHERRILL ROAD**

City State Zip Code
LITTLE ROCK AR 72202-1516

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

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

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
04 07 2016

Transaction ID : SA11A.4802

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).....

1500.00

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

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

FOR LINE NUMBER: PAGE 62 OF 220
(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)
DR. CAROL C. MEADORS

Mailing Address 3 SUNSET DRIVE

City State Zip Code
LITTLE ROCK AR 72207-1821

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11A.4818

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. FREDERICK A. MEADORS

Mailing Address 3 SUNSET DRIVE

City State Zip Code
LITTLE ROCK AR 72207-1821

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

Name of Employer Occupation
CATHOLIC HEALTH INITIATIVES PHYSICIAN

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
04 / 07 / 2016

Transaction ID : SA11A.4819

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 42 CHENAL DRIVE

City State Zip Code
LITTLE ROCK AR 72223-9026

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

Name of Employer Occupation
STEPHENS, INC. INVESTMENT ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : SA11A.5113

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

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

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

5525.00

**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 220
	<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. NATHAN MILLER

Mailing Address 601 PENNSYLVANIA AVE NW

City	State	Zip Code
WASHINGTON	DC	20004-2601

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

Name of Employer	Occupation
PUBLIC STRATEGIES WASHINGTON	PUBLIC AFFAIRS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA11A.5230

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 1720

City	State	Zip Code
LITTLE ROCK	AR	72203-1720

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

Name of Employer	Occupation
R & E SUPPLY	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
 05 / 26 / 2016

Transaction ID : SA11A.5048

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. GEORGE MITCHELL

Mailing Address 1511 NORTH FILLMORE

City	State	Zip Code
LITTLE ROCK	AR	72207-5371

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
 05 / 13 / 2016

Transaction ID : SA11A.4951

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).....

1500.00

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

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

FOR LINE NUMBER: PAGE 64 OF 220
(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 MONROE

Mailing Address 4904 CRESTWOOD DR

City State Zip Code
LITTLE ROCK AR 72207-5440

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

Name of Employer Occupation
SIMMONS FIRST NATIONAL BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : SA11A.5122

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. KRISTI MOODY

Mailing Address 82 ROBINWOOD DR

City State Zip Code
LITTLE ROCK AR 72227-2220

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

Name of Employer Occupation
WINDSTREAM 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
06 / 02 / 2016

Transaction ID : SA11A.5223

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 315 ROCK STREET
SUITE 1901

City State Zip Code
LITTLE ROCK AR 72202-5506

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

Name of Employer Occupation
PRIVACY STAR CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11A.5249

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).....

1625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 220
	<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. JUDY MORGAN

Mailing Address **26 DUCLAIR COURT**

City **LITTLE ROCK** State **AR** Zip Code **72223-9570**

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : SA11A.5027

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. GEORGE MORLEDGE III

Mailing Address **37 HICKORY HILLS CIR**

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

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

Name of Employer **SELF EMPLOYED** Occupation **DENTIST**

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
05 / 13 / 2016

Transaction ID : SA11A.4968

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **2337 MARTHA DRIVE**

City **CONWAY** State **AR** Zip Code **72032-8548**

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

Name of Employer **NABHOLZ CONSTRUCTION** Occupation **INFORMATION TECHNOLOGY**

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
04 / 07 / 2016

Transaction ID : SA11A.4815

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: (check only one)	PAGE 66 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ROGER NESUDA

Mailing Address 17 ALTON LANE

City State Zip Code
LITTLE ROCK AR 72211-2191

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

Name of Employer Occupation
SELF EMPLOYED MARINA MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : SA11A.4800

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 200 NORTH JEFFERSON AVENUE
SUITE 308

City State Zip Code
EL DORADO AR 71730-5853

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

Name of Employer Occupation
MUNOCO COMPANY L.C. SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11A.5166

Amount of Each Receipt this Period
2600.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BERNARD T. NUGENT

Mailing Address 64 RESPLANDOR WAY

City State Zip Code
HOT SPRINGS AR 71909-7717

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.4929

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).....

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. GEORGE R. O'CONNOR

Mailing Address 10 W PALISADES DR

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

FEC ID number of contributing federal political committee: C

Name of Employer: THREE RIVERS BEVERAGES Occupation: OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5300.00

Date of Receipt: 04 / 15 / 2016

Transaction ID : SA11A.4868

Amount of Each Receipt this Period: 2700.00

Memo Item CONTRIBUTION

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

Mailing Address 1 DRESSAGE COURT

City: LITTLE ROCK State: AR Zip Code: 72223-5995

FEC ID number of contributing federal political committee: C

Name of Employer: SOUTHERN BANCORP Occupation: PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 14 / 2016

Transaction ID : SA11A.5191

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRIAN G. OMALLEY

Mailing Address 9 N COLTS NICK WAY

City: HOCKESSIN State: DE Zip Code: 19707-9790

FEC ID number of contributing federal political committee: C

Name of Employer: NASDAQ Occupation: SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 14 / 2016

Transaction ID : SA11A.5186

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: (check only one)	PAGE 68 OF 220
	<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)
GENERAL WILLIAM C. PAGE JR.

Mailing Address 12 MASTERS PLACE DRIVE

City MAUMELLE State AR Zip Code 72113-7019

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
 05 / 13 / 2016

Transaction ID : SA11A.4952

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JAMES J. PAPPAS

Mailing Address 28 SCENIC POINT

City LITTLE ROCK State AR Zip Code 72207-1924

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11A.4874

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID PARKER

Mailing Address 1700 N SHACKLEFORD RD

City LITTLE ROCK State AR Zip Code 72212-4012

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

Name of Employer PARKER AUTOGROUP Occupation CAR DEALER

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
 04 / 01 / 2016

Transaction ID : SA11A.5170

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).....

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 69 OF 220
	<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 PARKE

Mailing Address **27 GOLDEN EAGLE DRIVE**

City **PARON** State **AR** Zip Code **72122-8066**

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

Name of Employer **POW, INC.** Occupation **SECRETARY/TREASURER**

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
06 / 02 / 2016

Transaction ID : SA11A.5307

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **1 HICKORY CREEK CV**

City **LITTLE ROCK** State **AR** Zip Code **72212-2525**

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

Name of Employer **PARKER AUTO GROUP** Occupation **AUTO DEALER**

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
04 / 01 / 2016

Transaction ID : SA11A.5169

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

Mailing Address **17 ALTON LANE**

City **LITTLE ROCK** State **AR** Zip Code **72211-2191**

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 **1275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : SA11A.4799

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: (check only one)	PAGE 70 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. RAY PEEPLES

Mailing Address 2405 NORTH GRANT STREET

City State Zip Code
LITTLE ROCK AR 72207-3601

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
04 / 15 / 2016

Transaction ID : SA11A.4844

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DONALD O. PHELPS

Mailing Address 40 FONTENAY CIR

City State Zip Code
LITTLE ROCK AR 72223-9568

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

Name of Employer Occupation
PHELPS FAN LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4881

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LILLIAN T. PORTER

Mailing Address 2108 BEECHWOOD AVENUE

City State Zip Code
LITTLE ROCK AR 72207-2022

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4900

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).....

1600.00

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

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

FOR LINE NUMBER: PAGE 71 OF 220
(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. DANIEL POSNER

Mailing Address 500 WEST END AVE

City State Zip Code
NEW YORK NY 10024-4338

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

Name of Employer Occupation
ALLIANCE BERNSTEIN INVESTMENT OFFICER

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
 06 30 2016

Transaction ID : SA11A.5240

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS R. PUGH SR.

Mailing Address FOX RIDGE
23101 CHENAL VALLEY DRIVE APT 212

City State Zip Code
LITTLE ROCK AR 72223-4945

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
 04 07 2016

Transaction ID : SA11A.5091

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JORDAN RAY

Mailing Address 28 WINTHROP PT.

City State Zip Code
LITTLE ROCK AR 72211-3797

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
 04 15 2016

Transaction ID : SA11A.4855

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).....

2750.00

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

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

FOR LINE NUMBER: PAGE 72 OF 220
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. MARY JANE REBICK
 Mailing Address 1 MALLARD POINT COVE
 City State Zip Code
 LITTLE ROCK AR 72223-3701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CANON SOLUTIONS AMERICA SALES
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 15 2016
Transaction ID : SA11A.4869
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GLENN REICIN
 Mailing Address 179 EAST LN
 City State Zip Code
 STAMFORD CT 06905-3949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GREYRICK BIOMEDICAL ADVISORS CONSULTANT
 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
 06 29 2016
Transaction ID : SA11A.5233
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. RICHARD RILEY
 Mailing Address 30 RIVER RIDGE ROAD
 City State Zip Code
 LITTLE ROCK AR 72227-1520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED CHIROPRACTIC 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
 06 30 2016
Transaction ID : SA11A.5268
 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: (check only one)	PAGE 73 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. SCOTT RITTELMAYER

Mailing Address 1621 NORTH JACKSON STREET

City State Zip Code
LITTLE ROCK AR 72207-5445

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

Name of Employer Occupation
RAYMOND JAMES MANAGING DIRECTOR

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
04 / 07 / 2016

Transaction ID : SA11A.4816

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. KENNETH V. ROBBINS

Mailing Address 4 SAVERNE CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-9225

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS 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
04 / 15 / 2016

Transaction ID : SA11A.4854

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 44 WINDSOR COURT

City State Zip Code
LITTLE ROCK AR 72212-3214

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

Name of Employer Occupation
PR MARKETING LLC PRESIDENT / CEO

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
06 / 14 / 2016

Transaction ID : SA11A.5211

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 74 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JOE R. ROBERTS JR.

Mailing Address 49 TALLYHO LANE

City State Zip Code
LITTLE ROCK AR 72227-2443

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

Name of Employer Occupation
STERNE, AGEE INVESTMENT SALES

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
04 / 01 / 2016

Transaction ID : SA11A.5164

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. MARTIN J. ROBINSON

Mailing Address 1515 WETHERBORNE DRIVE

City State Zip Code
LITTLE ROCK AR 72211-6125

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
04 / 15 / 2016

Transaction ID : SA11A.4856

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. 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
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4898

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).....

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 75 OF 220
	<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 W. ROGERS

Mailing Address 5409 HAWTHORNE ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-3751

FEC ID number of contributing federal political committee: C

Name of Employer: SPORTSTOP, INC Occupation: OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 04 / 15 / 2016

Transaction ID : SA11A.4873

Amount of Each Receipt this Period: 200.00

Memo Item CONTRIBUTION

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

Mailing Address 5409 HAWTHORNE ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-3751

FEC ID number of contributing federal political committee: C

Name of Employer: SPORTSTOP, INC Occupation: OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 06 / 30 / 2016

Transaction ID : SA11A.5286

Amount of Each Receipt this Period: 100.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KELLY FAUSETT ROSS

Mailing Address 5412 HAWTHORNE ROAD

City: LITTLE ROCK State: AR Zip Code: 72207-3731

FEC ID number of contributing federal political committee: C

Name of Employer: LITTLE ROCK SCHOOL DISTRICT Occupation: TEACHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 13 / 2016

Transaction ID : SA11A.4950

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 76 OF 220
(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. LOUIS E. SCHICKEL

Mailing Address 11601 PLEASANT RIDGE ROAD
SUITE 300

City State Zip Code
LITTLE ROCK AR 72212-2241

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

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE DEVELOPER

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
04 / 07 / 2016

Transaction ID : SA11A.5092

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICKEY SEEMAN

Mailing Address 2900 BROWNS LANE

City State Zip Code
JONESBORO AR 72401-7237

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

Name of Employer Occupation
SUNBELT FINANCE 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
04 / 01 / 2016

Transaction ID : SA11A.5171

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH B. SHEARD

Mailing Address 4815 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207-3705

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

Name of Employer Occupation
LITTLE ROCK REALTORS ASSN. EX. 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
04 / 15 / 2016

Transaction ID : SA11A.4903

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).....

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 77 OF 220
	<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 SHENEP JR.

Mailing Address 12 CHAPARRAL LANE

City State Zip Code
LITTLE ROCK AR 72212-3620

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SIMMONS FIRST TRUST CO. BANKING EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A.5037

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. COURTNEY SHEPPARD

Mailing Address 1710 HILLSBOROUGH LANE

City State Zip Code
LITTLE ROCK AR 72212-3757

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GOVERNMENT SOLUTIONS PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A.5146

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

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

Mailing Address 4220 A STREET APT. 4

City State Zip Code
LITTLE ROCK AR 72205-4099

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UAMS BIostatistician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A.5110

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 220
	<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. BARRY L. SIMON

Mailing Address 11823 FAIRWAY DRIVE

City State Zip Code
LITTLE ROCK AR 72212-3422

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

Name of Employer Occupation
DATAMAX, INC. 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
04 / 15 / 2016

Transaction ID : SA11A.4899

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. KEMP SKOKOS

Mailing Address 32 RIVER RIDGE ROAD

City State Zip Code
LITTLE ROCK AR 72227-1520

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11A.5065

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. 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
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11A.5094

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 79 OF 220
	<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. DIANNE SHORT SMART

Mailing Address **36 VIGNE BLVD**

City **LITTLE ROCK** State **AR** Zip Code **72223-4582**

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
05 / 13 / 2016

Transaction ID : SA11A.4965

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR DONALD J. SMITH

Mailing Address **14049 PYRAMID DR**

City **ROGERS** State **AR** Zip Code **72758-7528**

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

Name of Employer **TYSON** Occupation **CEO**

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
06 / 02 / 2016

Transaction ID : SA11A.5079

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. TODD M. SMITH

Mailing Address **9601 BAPTIST HEALTH DRIVE
SUITE 100**

City **LITTLE ROCK** State **AR** Zip Code **72205-6321**

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

Name of Employer **RADIOLOGY CONSULTANTS** Occupation **RADIOLOGIST**

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
04 / 15 / 2016

Transaction ID : SA11A.4860

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).....

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 80 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 56 CHENAL CIR

City State Zip Code
LITTLE ROCK AR 72223-9566

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

Name of Employer Occupation
SNELL PROSTHTIC & ORTHOTIC LAB OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : SA11A.5108

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TED SNIDER SR.

Mailing Address 571 VALLEY CLUB CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-3453

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : SA11A.5188

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
1000.00

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

Transaction ID : SA11A.4795

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).....

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. THOMAS ST. AMOUR

Mailing Address 14116 BELLE POINT

City State Zip Code
LITTLE ROCK AR 72212-3697

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
04 / 15 / 2016

Transaction ID : SA11A.4846

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. VALERIE STACKHOUSE WEST

Mailing Address 2509 N MCKINLEY ST.

City State Zip Code
ARLINGTON VA 22207-1216

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

Name of Employer Occupation
VH STRATEGIES PRINCIPAL

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
04 / 29 / 2016

Transaction ID : SA11A.4910

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 68 ROBINWOOD DR

City State Zip Code
LITTLE ROCK AR 72227-2224

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

Name of Employer Occupation
PARTY CITY OF ARKANSAS, INC. PRESIDENT

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
04 / 15 / 2016

Transaction ID : SA11A.4838

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: PAGE 82 OF 220
(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)
HONORABLE JOHN F. STROUD JR.

Mailing Address 1313 COUNTRY CLUB LANE

City State Zip Code
TEXARKANA AR 71854-7720

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
05 / 20 / 2016

Transaction ID : SA11A.5017

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. R.L. STUCKEY JR.

Mailing Address 202 DEAUVILLE PLACE

City State Zip Code
LITTLE ROCK AR 72223-5508

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGIST

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
04 / 15 / 2016

Transaction ID : SA11A.4861

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. GINA TAPPAN

Mailing Address 8 EAST PALISADES

City State Zip Code
LITTLE ROCK AR 72207-1904

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
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.4955

Amount of Each Receipt this Period
550.00

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: PAGE 83 OF 220
(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. PHILIP TAPPAN

Mailing Address **8 E PALISADES DR**

City State Zip Code
LITTLE ROCK AR 72207-1904

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

Name of Employer Occupation
SIMMONS BANK EVP

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
05 13 2016

Transaction ID : SA11A.4949

Amount of Each Receipt this Period
1450.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. KATHY H. TAYLOR

Mailing Address **1804 NORTH TYLER**

City State Zip Code
LITTLE ROCK AR 72207-4628

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

Name of Employer Occupation
U.A.M.S. FUNDRAISING EXECUTIVE

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
04 07 2016

Transaction ID : SA11A.5093

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SIDNEY THOM

Mailing Address **33 ST. JOHN'S PLACE**

City State Zip Code
LITTLE ROCK AR 72207-3700

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
04 22 2016

Transaction ID : SA11A.4834

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 220
	<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. ANTHONY W. THOMAS

Mailing Address 11 LAVAL CT

City: LITTLE ROCK State: AR Zip Code: 72223-8902

FEC ID number of contributing federal political committee: C

Name of Employer: WINDSTREAM COMMUNICATIONS Occupation: C.F.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 05 / 26 / 2016

Transaction ID : SA11A.5042

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ANTHONY W. THOMAS

Mailing Address 11 LAVAL CT

City: LITTLE ROCK State: AR Zip Code: 72223-8902

FEC ID number of contributing federal political committee: C

Name of Employer: WINDSTREAM COMMUNICATIONS Occupation: C.F.O.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 06 / 02 / 2016

Transaction ID : SA11A.5071

Amount of Each Receipt this Period: 2200.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. AUDRA THOMAS

Mailing Address 11 LAVAL CT

City: LITTLE ROCK State: AR Zip Code: 72223-8902

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: 300.00

Date of Receipt: 06 / 02 / 2016

Transaction ID : SA11A.5082

Amount of Each Receipt this Period: 300.00

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: PAGE 85 OF 220
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address P.O. BOX 299

City State Zip Code
LITTLE ROCK AR 72203-0299

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 15 2016

Transaction ID : SA11A.4837

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILTON A. TREADWAY

Mailing Address 2 WESTBROOK CIRCLE

City State Zip Code
LITTLE ROCK AR 72205-2259

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
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 09 2016

Transaction ID : SA11A.5129

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNY A. TROUTT

Mailing Address 5956 SHERRY LN
APT. 1350

City State Zip Code
DALLAS TX 75225-8009

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2016

Transaction ID : SA11A.5275

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).....

3900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 220
	<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. LISA C. TROUTT

Mailing Address 5956 SHERRY LANE
1350

City DALLAS State TX Zip Code 75225-6519

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11A.5276

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSH TRUMP

Mailing Address 15 DORCHESTER RD

City SCARSDALE State NY Zip Code 10583-6013

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

Name of Employer TRUMP GROUP Occupation MANAGING DIRECTOR

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
 06 / 29 / 2016

Transaction ID : SA11A.5234

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

Mailing Address 2604 NORTH FILLMORE STREET

City LITTLE ROCK State AR Zip Code 72207-3617

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
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11A.5150

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: (check only one)	PAGE 87 OF 220
	<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. GUS M. VRATSINAS

Mailing Address 69 PINEHURST CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-3432

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

Name of Employer Occupation
VRATSINAS ENTERPRISES L.L.C. MANAGING MEMBER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11A.5167

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 11200 EDEN LANE

City State Zip Code
LITTLE ROCK AR 72212-3104

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

Name of Employer Occupation
SIMMONS FIRST NATIONAL BANK SR 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
06 / 20 / 2016

Transaction ID : SA11A.5213

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 6 CASCADES DRIVE

City State Zip Code
LITTLE ROCK AR 72212-3306

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

Name of Employer Occupation
STATE OF ARKANSAS DFA DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : SA11A.5215

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).....

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 88 OF 220
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. MILLIE WARD

Mailing Address 16 GLENRIDGE ROAD

City State Zip Code
LITTLE ROCK AR 72227-2230

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

Name of Employer Occupation
STONE WARD ADVERTISING

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
04 15 2016

Transaction ID : SA11A.4841

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRYAN WARE

Mailing Address 43 HICKORY BEND DRIVE

City State Zip Code
CABOT AR 72023-8183

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS RADIOLOGY ASSISTANT

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
04 15 2016

Transaction ID : SA11A.4859

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 3801 RIDGE ROAD

City State Zip Code
NORTH LITTLE ROCK AR 72116-8753

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
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 22 2016

Transaction ID : SA11A.4825

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).....

3050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM C. WARREN

Mailing Address 3801 RIDGE ROAD

City NORTH LITTLE ROCK State AR Zip Code 72116-8753

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
 05 / 13 / 2016

Transaction ID : SA11A.4933

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SIMON WASSERBERGER

Mailing Address 144 E 84TH ST

City NEW YORK State NY Zip Code 10028-2004

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

Name of Employer L&L HOLDING COMPANY Occupation REAL ESTATE MANAGING DIRECTOR

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
 06 / 29 / 2016

Transaction ID : SA11A.5236

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. SUSIE WATKINS

Mailing Address 2210 BECKENHAM COVE

City LITTLE ROCK State AR Zip Code 72212-3230

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

Name of Employer B. BARNETT Occupation RETAIL SALES

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
 04 / 29 / 2016

Transaction ID : SA11A.4914

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).....

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address **5 NORTHWEST CT**

City **LITTLE ROCK** State **AR** Zip Code **72212-1513**

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

Name of Employer **RADIOLOGY CONSULTANTS** Occupation **RADIOLOGIST**

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
04 / 15 / 2016

Transaction ID : SA11A.4857

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MATTHEW WEST

Mailing Address **114 WELLINGTON WOODS COVE**

City **LITTLE ROCK** State **AR** Zip Code **72211-2078**

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

Name of Employer **WEST TREE** Occupation **CHIEF OPERATING OFFICER**

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
06 / 06 / 2016

Transaction ID : SA11A.5227

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. ALLEN WHITE

Mailing Address **13915 RIDGE POINT LN**

City **ROLAND** State **AR** Zip Code **72135-9053**

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
06 / 24 / 2016

Transaction ID : SA11A.5258

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: (check only one)	PAGE 91 OF 220
	<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. GAY D. WHITE

Mailing Address 5424 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207-3731

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11A.4886

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GORDON M. WILBOURN

Mailing Address 12 RIDGEVIEW CT

City State Zip Code
LITTLE ROCK AR 72227-2360

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

Name of Employer Occupation
KUTAK ROCK L.L.P. 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
05 / 20 / 2016

Transaction ID : SA11A.5013

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MOLLY WILKINSON

Mailing Address 2906 MAPLEWOOD PL

City State Zip Code
ALEXANDRIA VA 22302-2424

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

Name of Employer Occupation
LINDBERGH COUNSEL LLC 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
06 / 05 / 2016

Transaction ID : SA11A.5226

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: (check only one)	PAGE 92 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
DR. ALAN D. WILLIAMS

Mailing Address **55 ROBINWOOD DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72227-2238**

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

Name of Employer **RADIOLOGY CONSULTANTS** Occupation **RADIOLOGIST**

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
04 / 15 / 2016

Transaction ID : SA11A.4862

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ED K. WILLIS

Mailing Address **11107 EDEN LANE**

City **LITTLE ROCK** State **AR** Zip Code **72212-3101**

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

Name of Employer **FINANCIAL CENTRE CORPORATION** Occupation **REAL ESTATE MANAGEMENT**

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
04 / 01 / 2016

Transaction ID : SA11A.5157

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK V. WILLIAMSON

Mailing Address **P.O. BOX 7503**

City **LITTLE ROCK** State **AR** Zip Code **72217-7503**

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

Name of Employer **MARK V. WILLIAMSON CO., INC.** Occupation **INSURANCE AGENT**

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
05 / 13 / 2016

Transaction ID : SA11A.4926

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).....

1500.00

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

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

FOR LINE NUMBER: PAGE 93 OF 220
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. MARK V. WILLIAMSON

Mailing Address P.O. BOX 7503

City State Zip Code
LITTLE ROCK AR 72217-7503

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

Name of Employer Occupation
MARK V. WILLIAMSON CO., INC. INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11A.5172

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT J. WILSON

Mailing Address 13601 FERN VALLEY LN

City State Zip Code
LITTLE ROCK AR 72211-

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
05 / 13 / 2016

Transaction ID : SA11A.4986

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 120 BROOKSIDE WAY

City State Zip Code
MULLICA HILL NJ 08062-4301

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

Name of Employer Occupation
NASDAQ EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.5298

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: (check only one)	PAGE 94 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. JIM 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
1500.00

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

Transaction ID : SA11A.4794

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 18 BRETAGNE CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-9136

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

Name of Employer Occupation
SIMMONS BANK BANKER

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
04 / 15 / 2016

Transaction ID : SA11A.4882

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 2814 R STREET NW

City State Zip Code
WASHINGTON DC 20007-2918

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

Name of Employer Occupation
COVINGTON AND BURLING L.L.P. 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
04 / 22 / 2016

Transaction ID : SA11A.4830

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: PAGE 95 OF 220
(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. DAN C. YOUNG

Mailing Address 1824 NORTH JACKSON STREET

City State Zip Code
LITTLE ROCK AR 72207-4708

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

Name of Employer Occupation
ROSE LAW FIRM ATTORNEY

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
04 / 09 / 2016

Transaction ID : SA11A.4804

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TRIANGLE INSURANCE

Mailing Address 4704 WEST COMMERCIAL DRIVE

City State Zip Code
NORTH LITTLE ROCK AR 72116

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
04 / 15 / 2016

Transaction ID : SA11A.1684

Amount of Each Receipt this Period
500.00

Memo Item
REFUND OF INSURANCE OVERPAYMENT

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

Mailing Address P. O. BOX 2713

City State Zip Code
ALEXANDRIA VA 22301-0713

FEC ID number of contributing federal political committee. **C** C00484535

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
16975.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : SA11C.5045

Amount of Each Receipt this Period
4500.00

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 615 N RAZORBACK RD

City State Zip Code
FAYETTEVILLE AR 72701-3056

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

Name of Employer Occupation
BASSETT MIX & ASSOCIATES 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
 05 / 26 / 2016

Transaction ID : SA11A.5062

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

B. Full Name (Last, First, Middle Initial)
MS. KAREN CROWSON

Mailing Address 1420 ALCOA RD.

City State Zip Code
BENTON AR 72015-3507

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

Name of Employer Occupation
CRYE-LEIKE REALTORS - BENTON 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
 05 / 26 / 2016

Transaction ID : SA11A.5061

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

C. Full Name (Last, First, Middle Initial)
MS. LA NORA KAY

Mailing Address 2277 HWY 265

City State Zip Code
BRANSON MO 65616-9895

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

Name of Employer Occupation
GOOD LIFE REALTY OF MISSOURI 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
 05 / 26 / 2016

Transaction ID : SA11A.5060

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 220
	<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 SHARLA LAU

Mailing Address 3208 MCCLENDONS MEAD

City State Zip Code
FORT SMITH AR 72908-9342

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

Name of Employer Occupation
COLDWELL BANKER - FLEMING REAL ESTATE BROKER

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
 05 / 26 / 2016

Transaction ID : SA11A.5056

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

B. Full Name (Last, First, Middle Initial)
MS. EVA LOKEN

Mailing Address 101 WOLF DRIVE

City State Zip Code
EAGLE RIVER AK 99577-9428

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

Name of Employer Occupation
JACK WHITE - EAGEL RIVER 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
 05 / 26 / 2016

Transaction ID : SA11A.5058

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

C. Full Name (Last, First, Middle Initial)
MR. JONATHAN MOORE

Mailing Address 2900 N 22ND STREET

City State Zip Code
ROGERS AR 72756-2182

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

Name of Employer Occupation
LINDSEY & ASSO. INC. REAL ESTATE BROKER

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
 05 / 26 / 2016

Transaction ID : SA11A.5057

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

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 98 OF 220
	<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 SIBILIA

Mailing Address 1949 COASTLAND AVE

City SAN JOSE State CA Zip Code 95125-2514

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

Name of Employer KELLER WILLIAMS - SILICON VALLEY 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
 05 / 26 / 2016

Transaction ID : SA11A.5059

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION
 EARMARKED FROM VOTESANE PAC

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

Mailing Address P. O. BOX 2713

City ALEXANDRIA State VA Zip Code 22301-0713

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **16975.00**

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

Transaction ID : SA11C.5083

Amount of Each Receipt this Period
 2500.00

Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW

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

Mailing Address 804 E GRAND AVE

City ALHAMBRA State CA Zip Code 91801-2731

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

Name of Employer BERGE COMPANY 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
 06 / 02 / 2016

Transaction ID : SA11A.5084

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION
 EARMARKED FROM VOTESANE PAC

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 220
	<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. WALLY LOVELESS

Mailing Address **6 HOLLY SPRINGS CT**

City **LITTLE ROCK** State **AR** Zip Code **72212-2719**

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

Name of Employer **ADKINS, MCNEIL, SMITH, AND ASSOCIATES** Occupation **REAL ESTATE**

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
06 / 02 / 2016

Transaction ID : SA11A.5086

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

B. Full Name (Last, First, Middle Initial)
MR. JACK TORZA

Mailing Address **7293 PEANUT LN**

City **MECHANICSVILLE** State **VA** Zip Code **23116-4806**

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

Name of Employer **LONG & FOSTER REALTORS** 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
06 / 02 / 2016

Transaction ID : SA11A.5107

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH VENTRONE

Mailing Address **2818 N JEFFERSON ST**

City **ARLINGTON** State **VA** Zip Code **22207-1462**

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

Name of Employer **NATIONAL ASSOCIATION OF REALTORS** Occupation **REALTOR**

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
06 / 02 / 2016

Transaction ID : SA11A.5085

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) VOTESANE PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016	
Mailing Address P. O. BOX 2713		Transaction ID : SA11C.5134	
City ALEXANDRIA	State VA	Zip Code 22301-0713	
FEC ID number of contributing federal political committee. C C00484535		Amount of Each Receipt this Period _____ 6000.00	
Name of Employer Occupation		<input checked="" type="checkbox"/> Memo Item CONTRIBUTION SEE ATTRIBUTION BELOW	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 16975.00	

Full Name (Last, First, Middle Initial) MR. J DANNY COOPER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016	
Mailing Address 306 ZELDA ROAD #202		Transaction ID : SA11A.5139	
City MONTGOMERY	State AL	Zip Code 36106-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 500.00	
Name of Employer Occupation J DANNY COOPER, LLC CONSULTANT		<input type="checkbox"/> Memo Item CONTRIBUTION EARMARKED FROM VOTESANE PAC	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00	

Full Name (Last, First, Middle Initial) MS. DEANNA DIPO		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016	
Mailing Address 7944 GRAND VISTA WAY		Transaction ID : SA11A.5136	
City SALT LAKE CITY	State UT	Zip Code 84121-5683	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 500.00	
Name of Employer Occupation COLDWELL BANKER REAL ESTATE BROKER		<input type="checkbox"/> Memo Item CONTRIBUTION EARMARKED FROM VOTESANE PAC	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 1000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 220
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 1917 GREENWOOD RD SW

City ROANOKE State VA Zip Code 24015-2821

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

Name of Employer MKB, REALTORS 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
 06 / 09 / 2016

Transaction ID : SA11A.5143

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

B. Full Name (Last, First, Middle Initial)
MS. CAROL HICKEY

Mailing Address 2905 GREYSTONE PL

City CHAMPAIGN State IL Zip Code 61822-6800

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

Name of Employer RE/MAX CHOICE 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
 06 / 09 / 2016

Transaction ID : SA11A.5145

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

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

Mailing Address 2212 SHEPARD BLVD

City COLUMBIA State MO Zip Code 65201-6107

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

Name of Employer RAUSCH COLEMAN REALTY, LLC 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
 06 / 09 / 2016

Transaction ID : SA11A.5142

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 102 OF 220
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. STEVE MOREIRA

Mailing Address EAST SR 434 SUITE 1015

City LONGWOOD State FL Zip Code 32750-

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

Name of Employer MAGIC PROPERTIES 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
 06 / 09 / 2016

Transaction ID : SA11A.5138

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

B. Full Name (Last, First, Middle Initial)
MR. KEITH PIKE

Mailing Address 11324 ARCADE DR

City LITTLE ROCK State AR Zip Code 72212-4074

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

Name of Employer RE/MAX ELITE 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
 06 / 09 / 2016

Transaction ID : SA11A.5137

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

C. Full Name (Last, First, Middle Initial)
MR. CHRIS POLYCHRON

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611-4011

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

Name of Employer NATIONAL ASSOCIATION OF REALTORS 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
 06 / 09 / 2016

Transaction ID : SA11A.5135

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 103 OF 220
(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. MAURICE TAYLOR

Mailing Address 4301 KENYON DR

City State Zip Code
LITTLE ROCK AR 72205-2012

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

Name of Employer Occupation
JANET JONES CO. 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
06 / 09 / 2016

Transaction ID : SA11A.5141

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

B. Full Name (Last, First, Middle Initial)
MR. ALAN BROCK WHISENHUNT SR.

Mailing Address 4301 KENYON DRIVE

City State Zip Code
LITTLE ROCK AR 72205-2012

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

Name of Employer Occupation
THE JANET JONES COMPANY REALTOR

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
06 / 09 / 2016

Transaction ID : SA11A.5140

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

C. Full Name (Last, First, Middle Initial)
MS. AMANDA WYCOFF

Mailing Address 3998 RENAISSANCE DR

City State Zip Code
NORMAL IL 61761-9500

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

Name of Employer Occupation
SNYDER REAL ESTATE 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
06 / 09 / 2016

Transaction ID : SA11A.5144

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

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

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

2000.00

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

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

FOR LINE NUMBER: (check only one)	PAGE 104 OF 220
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
VOTESANE PAC

Mailing Address **P. O. BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301-0713**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
16975.00

Date of Receipt
06 / 14 / 2016

Transaction ID : SA11C.5185

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
MS. PATTI LAMBERT

Mailing Address **2706 SUMMERWIND DR SE**

City **DECATUR** State **AL** Zip Code **35603-5119**

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

Name of Employer Occupation
REMAX PLATINUM REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
06 / 14 / 2016

Transaction ID : SA11A.5195

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

C. Full Name (Last, First, Middle Initial)
MR. CHARLIE MURPHY

Mailing Address **200 E REYNOLDS RD**

City **LEXINGTON** State **KY** Zip Code **40517-1245**

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

Name of Employer Occupation
CHARLIE MURPHY REAL ESTATE REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
06 / 14 / 2016

Transaction ID : SA11A.5196

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 220
	<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)
VOTESANE PAC

Mailing Address **P. O. BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301-0713**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
16975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11C.5251

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
MS SHARLA LAU

Mailing Address **3208 MCCLENDONS MEAD**

City **FORT SMITH** State **AR** Zip Code **72908-9342**

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

Name of Employer Occupation
COLDWELL BANKER - FLEMING REAL ESTATE BROKER

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
06 / 24 / 2016

Transaction ID : SA11A.5260

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

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

Mailing Address **511 ADAMS ST SE**

City **HUNTSVILLE** State **AL** Zip Code **35801-3702**

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

Name of Employer Occupation
VAN VALKENBURGH & WILKENSON PR 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
06 / 24 / 2016

Transaction ID : SA11A.5261

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 220
	<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)
VOTESANE PAC

Mailing Address **P. O. BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301-0713**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
16975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11C.5277

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
MS. DENISE CRESWELL

Mailing Address **527 WILSON RUN**

City **BRENTWOOD** State **TN** Zip Code **37027-5916**

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

Name of Employer Occupation
PILKERTON REALTORS 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
06 / 30 / 2016

Transaction ID : SA11A.5283

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

C. Full Name (Last, First, Middle Initial)
MS. KATIE JOHNSON

Mailing Address **2027 W GRACE ST**

City **CHICAGO** State **IL** Zip Code **60618-4952**

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

Name of Employer Occupation
NATIONAL ASSOCIATION OF REALTORS GENERAL COUNSEL

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
06 / 30 / 2016

Transaction ID : SA11A.5284

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM VOTESANE PAC

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 107 OF 220
(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. LANDA PENNINGTON

Mailing Address 1544 4 MILE POST RD SE

City HUNTSVILLE State AL Zip Code 35802-2519

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

Name of Employer AVERBUCH REALTY Occupation REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11A.5285

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM VOTESANE PAC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D 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).....

500.00

217800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 220
	<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)
CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address **BOX 137**

City **SPOKANE** State **WA** Zip Code **99210-0137**

FEC ID number of contributing federal political committee. **C C00390476**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **175.42**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11C.4814

Amount of Each Receipt this Period
175.42

Memo Item
CONTRIBUTION
IN-KIND - FUNDRAISING - CONSULTANT FEES

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

Mailing Address **C/O LISA LISKER
P.O. BOX 2165**

City **GASTONIA** State **NC** Zip Code **28053-2165**

FEC ID number of contributing federal political committee. **C C00393629**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11C.5244

Amount of Each Receipt this Period
230.00

Memo Item
CONTRIBUTION
IN-KIND CONTRIBUTION - FUNDRAISING EXPENSES

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

Mailing Address **600 13TH ST NW**

City **WASHINGTON** State **DC** Zip Code **20005-3005**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11C.4917

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).....

1405.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 220
	<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)
AFLAC, INC. PAC

Mailing Address 1932 WYNNNTON ROAD

City State Zip Code
COLUMBUS GA 31999-0001

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11C.5291

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSO PAC

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701-4756

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : SA11C.5119

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 100 W 3RD AVENUE
SUITE 350

City State Zip Code
COLUMBUS OH 43201-7205

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11C.5103

Amount of Each Receipt this Period
5000.00

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: (check only one)	PAGE 110 OF 220
	<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 DENTAL POLITICAL ACTION COMMITTEE

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

City WASHINGTON State DC Zip Code 20005-5627

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11C.4959

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSN PAC

Mailing Address 919 18TH STREET, NW
SUITE 300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2016

Transaction ID : SA11C.5100

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address 919 EIGHTEENTH STREET, N.W.
SUITE 300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.5290

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 111 OF 220
	<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 RESORT DEVELOPMENT ASSO PAC

Mailing Address 1201 15TH ST NW STE 400

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

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : SA11C.5047

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSURANT INC. POLITICAL ACTION COMMITTEE

Mailing Address 501 W MICHIGAN ST

City State Zip Code
MILWAUKEE WI 53203-2706

FEC ID number of contributing federal political committee. **C C00185694**

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
 04 / 29 / 2016

Transaction ID : SA11C.4912

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1455 PENNSYLVANIA AVE SE

City State Zip Code
WASHINGTON DC 20003-3030

FEC ID number of contributing federal political committee. **C C00364778**

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
 05 / 26 / 2016

Transaction ID : SA11C.5046

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 112 OF 220
	<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)
BARR PAC

Mailing Address 332 W LEE HWY STE 303

City WARRENTON State VA Zip Code 20186-2428

FEC ID number of contributing federal political committee. **C** C00572271

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
 05 / 26 / 2016

Transaction ID : SA11C.5051

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BATS GLOBAL MARKETS PAC

Mailing Address 701 8TH STREET, NW SUITE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00458653

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
 06 / 14 / 2016

Transaction ID : SA11C.5173

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BLOOMIN' BRANDS, INC. PAC

Mailing Address 2202 N. WESTSHORE BLVD. 5TH FLOOR

City TAMPA State FL Zip Code 33607-5754

FEC ID number of contributing federal political committee. **C** C00253153

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
 05 / 26 / 2016

Transaction ID : SA11C.5052

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).....

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 220
	<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)
BNY MELLON-FEDERAL PAC

Mailing Address **BNY MELLON CENTER**
ROOM 3225

City **PITTSBURGH** State **PA** Zip Code **15258-0001**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11C.5301

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRANCH BANK & TRUST PAC

Mailing Address **150 SOUTH STRATFORD ROAD**
SUITE 401

City **WINSTON SALEM** State **NC** Zip Code **27104-4228**

FEC ID number of contributing federal political committee. **C C00075291**

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
04 / 22 / 2016

Transaction ID : SA11C.4829

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

Mailing Address **1701 BARRETT LAKES BLVD. NW**
SUITE 180

City **KENNESAW** State **GA** Zip Code **30144-4561**

FEC ID number of contributing federal political committee. **C C00329425**

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
06 / 14 / 2016

Transaction ID : SA11C.5175

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: PAGE 114 OF 220
(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 CORP. ASSOC. 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
7500.00

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

Transaction ID : SA11C.5072

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CBAPAC

Mailing Address 1225 EYE STREET, NW, SUITE 550

City State Zip Code
WASHINGTON DC 20005-5993

FEC ID number of contributing federal political committee. **C C00035535**

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
05 / 26 / 2016

Transaction ID : SA11C.5054

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHICAGO BOARD OPTIONS EXCHANGE PAC

Mailing Address 400 S. LASALLE STREET

City State Zip Code
CHICAGO IL 60605-1023

FEC ID number of contributing federal political committee. **C C00100693**

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
04 / 29 / 2016

Transaction ID : SA11C.4907

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).....

7500.00

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

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

FOR LINE NUMBER: PAGE 115 OF 220
(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)
CITIGROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address 1101 PENNSYLVANIA AVE NW

City State Zip Code
WASHINGTON DC 20004-2504

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11C.5096

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CITIZENS FINANCIAL GROUP INC., PAC

Mailing Address C/O KENNETH W. ROBINSON, TREASURER
ONE CITIZENS PLAZA, 12TH FLOOR

City State Zip Code
PROVIDENCE RI 02903-1344

FEC ID number of contributing federal political committee. **C C00307249**

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
04 / 15 / 2016

Transaction ID : SA11C.4901

Amount of Each Receipt this Period
1000.00

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
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11C.5099

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 116 OF 220
	<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. COMMITTEE FOR ADVANCEMENT OF COTTON PAC

Full Name (Last, First, Middle Initial)
COMMITTEE FOR ADVANCEMENT OF COTTON PAC

Mailing Address **P.O. BOX 2995**

City **CORDOVA** State **TN** Zip Code **38088-2995**

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : SA11C.5184

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. COMPASS BANC PAC

Full Name (Last, First, Middle Initial)
COMPASS BANC PAC

Mailing Address **P.O. BOX 10566**

City **BIRMINGHAM** State **AL** Zip Code **35205-**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11C.5160

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. COVINGTON AND BURLING, L.L.P. PAC

Full Name (Last, First, Middle Initial)
COVINGTON AND BURLING, L.L.P. PAC

Mailing Address **1201 PENNSYLVANIA AVENUE, N.W.**

City **WASHINGTON** State **DC** Zip Code **20004-2401**

FEC ID number of contributing federal political committee. **C C00462630**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : SA11C.4909

Amount of Each Receipt this Period
3000.00

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 117 OF 220
	<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. CREDIT SUISSE SECURITIES (USA) LLC PAC

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 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2016

Transaction ID : SA11C.5101

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

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

Mailing Address 601 PENNSYLVANIA AVE NW

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

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11C.4918

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. DELOITTE POLITICAL ACTION COMMITTEE

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 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.5292

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

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

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

FOR LINE NUMBER: PAGE 118 OF 220
(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)
ENPAC FEDERAL

Mailing Address 101 CONSTITUTION AVE, NW
SUITE 200 EAST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00363879**

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
 06 / 02 / 2016

Transaction ID : SA11C.5076

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION PAC

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220-0503

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

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

Transaction ID : SA11C.5303

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION PAC

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220-0503

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

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

Transaction ID : SA11C.5304

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 119 OF 220
	<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. EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 2485

City Springfield State VA Zip Code 22152-0485

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5500.00

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

Transaction ID : SA11C.5066

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

B. FARM CREDIT PAC

Full Name (Last, First, Middle Initial)
Mailing Address 50 F STREET NW SUITE 900

City WASHINGTON State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

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
 04 / 01 / 2016

Transaction ID : SA11C.5162

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

C. FARMERS GROUP INC PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2350 KERNER BLVD., SUITE 250

City SAN RAFAEL State CA Zip Code 94901-5596

FEC ID number of contributing federal political committee. **C** C00135681

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
 04 / 22 / 2016

Transaction ID : SA11C.4828

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 120 OF 220
	<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	

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. FINANCIAL SERVICES POLITICAL COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address LIBERTY CENTER-27TH FLOOR

City PITTSBURGH State PA Zip Code 15222-

FEC ID number of contributing federal political committee. **C C00162735**

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
 06 / 14 / 2016

Transaction ID : SA11C.5187

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 25 MASSACHUSETTS AVE NW SUITE 400

City WASHINGTON State DC Zip Code 20001-1427

FEC ID number of contributing federal political committee. **C C00076810**

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
 06 / 02 / 2016

Transaction ID : SA11C.5078

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. GENWORTH FINANCIAL INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 6620 W BROAD ST

City RICHMOND State VA Zip Code 23230-1716

FEC ID number of contributing federal political committee. **C C00404194**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11C.4961

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).....

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 121 OF 220
	<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)
HSBC NORTH AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1401 I ST NW

City WASHINGTON State DC Zip Code 20005-2225

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11C.4962

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L STREET, N.W. SUITE 900

City WASHINGTON State DC Zip Code 20036-5623

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : SA11C.5043

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1615 L ST NW

City WASHINGTON State DC Zip Code 20036-5610

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2016

Transaction ID : SA11C.5179

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 122 OF 220
	<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	

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)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA PAC

Mailing Address 20 F ST NW

City WASHINGTON State DC Zip Code 20001-6700

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2016

Transaction ID : SA11C.5181

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC. PAC

Mailing Address 555 12TH STREET, N.W.
SUITE 660

City WASHINGTON State DC Zip Code 20004-1241

FEC ID number of contributing federal political committee. **C C00217638**

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
 05 / 20 / 2016

Transaction ID : SA11C.4999

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
INVESTMENT ADVISER ASSOCIATION PAC

Mailing Address 1050 17TH ST NW SUITE 725

City WASHINGTON State DC Zip Code 20036-5514

FEC ID number of contributing federal political committee. **C C00440826**

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
 05 / 26 / 2016

Transaction ID : SA11C.5055

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 123 OF 220
(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)
INVESTMENT COMPANY INSTITUTE PAC

Mailing Address 1401 H ST NW

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

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : SA11C.5102

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J.P. MORGAN CHASE & CO. FEDERAL PAC

Mailing Address 601 PENNSYLVANIA AVE NW 7TH FLOOR

City State Zip Code
WASHINGTON DC 20004-2601

FEC ID number of contributing federal political committee. **C C00104299**

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
06 / 30 / 2016

Transaction ID : SA11C.5278

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN BOLTON PAC

Mailing Address 610 SOUTH BOULEVARD

City State Zip Code
TAMPA FL 33606-2647

FEC ID number of contributing federal political committee. **C C00542431**

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
05 / 06 / 2016

Transaction ID : SA11C.4919

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 124 OF 220
(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)
KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC

Mailing Address P.O. BOX 18254

City State Zip Code
WASHINGTON DC 20036-8254

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016

Transaction ID : SA11C.5132

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 175 BERKELEY ST

City State Zip Code
BOSTON MA 02116-5066

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.5293

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC

Mailing Address 2121 CRYSTAL DR

City State Zip Code
ARLINGTON VA 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

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
 06 / 02 / 2016

Transaction ID : SA11C.5074

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).....

3500.00

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

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

FOR LINE NUMBER: PAGE 125 OF 220
(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)
LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC

Mailing Address 2121 CRYSTAL DR

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

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
 06 / 02 / 2016

Transaction ID : SA11C.5075

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MAVERICK PAC USA

Mailing Address C/O RED CURVE SOLUTIONS
138 CONANT STREET

City BEVERLY State MA Zip Code 01915-1665

FEC ID number of contributing federal political committee. **C C00427435**

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
 06 / 24 / 2016

Transaction ID : SA11C.5257

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MCGRAW HILL FINANCIAL, INC. - PAC

Mailing Address 55 WATER STREET

City NEW YORK State NY Zip Code 10041-0004

FEC ID number of contributing federal political committee. **C C00494682**

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
 04 / 07 / 2016

Transaction ID : SA11C.5098

Amount of Each Receipt this Period
 5000.00

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 126 OF 220
(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)
MCGUIRE WOODS PAC

Mailing Address 901 EAST CARY STREET

City Richmond State VA Zip Code 23219-4063

FEC ID number of contributing federal political committee. **C C00225342**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 05 / 26 / 2016

Transaction ID : SA11C.5041

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

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

Mailing Address 700 13TH ST NW SUITE 600

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

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt 06 / 09 / 2016

Transaction ID : SA11C.5133

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 1919 M ST NW

City WASHINGTON State DC Zip Code 20036-3521

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt 04 / 01 / 2016

Transaction ID : SA11C.5305

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 127 OF 220
	<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)
NASDAQ PAC

Mailing Address 1100 NEW YORK AVENUE, NW
SUITE 310, EAST TOWER

City WASHINGTON State DC Zip Code 20005-6145

FEC ID number of contributing federal political committee. **C** C00366013

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
05 / 06 / 2016

Transaction ID : SA11C.4921

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1100 NEW YORK AVENUE, NW
SUITE 310, EAST TOWER

City WASHINGTON State DC Zip Code 20005-6145

FEC ID number of contributing federal political committee. **C** C00366013

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
06 / 30 / 2016

Transaction ID : SA11C.5294

Amount of Each Receipt this Period
4000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS PAC

Mailing Address 3138 10TH ST N

City ARLINGTON State VA Zip Code 22201-2160

FEC ID number of contributing federal political committee. **C** C00040659

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
05 / 20 / 2016

Transaction ID : SA11C.5000

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).....

7000.00

**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 128 OF 220
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS PAC

Mailing Address **1875 I STREET, NW, SUITE 600**

City	State	Zip Code
WASHINGTON	DC	20006-5413

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2016

Transaction ID : SA11C.5178

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION PAC

Mailing Address **1301 PENNSYLVANIA AVENUE, N.W.
SUITE 300**

City	State	Zip Code
WASHINGTON	DC	20004-1701

FEC ID number of contributing federal political committee. **C C00028787**

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
 06 / 14 / 2016

Transaction ID : SA11C.5176

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL MULTIFAMILY HOUSING COUNCIL PAC

Mailing Address **1850 M STREET, N.W.
SUITE 540**

City	State	Zip Code
WASHINGTON	DC	20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

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
 06 / 14 / 2016

Transaction ID : SA11C.5177

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	_____ 4500.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 220
	<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	

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)
NATIONAL TURKEY FEDERATION PAC

Mailing Address 1225 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20005-6156

FEC ID number of contributing federal political committee. **C C00076182**

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
 06 / 24 / 2016

Transaction ID : SA11C.5253

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NEW CUBA PAC

Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C C00572628**

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
 06 / 30 / 2016

Transaction ID : SA11C.5281

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NORTH AMERICAN MEAT INSTITUTE PAC

Mailing Address 1150 CONNECTICUT AVE NW FL 12

City D.C. State DC Zip Code 20036-4104

FEC ID number of contributing federal political committee. **C C00024281**

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
 06 / 14 / 2016

Transaction ID : SA11C.5183

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 130 OF 220
	<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	

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)
PNC PAC - FEDERAL

Mailing Address **249 FIFTH AVE., 21ST FLOOR**

City **PITTSBURGH** State **PA** Zip Code **15222-2707**

FEC ID number of contributing federal political committee. **C C00186064**

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
04 / 07 / 2016

Transaction ID : SA11C.5097

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **600 13TH ST NW**

City **WASHINGTON** State **DC** Zip Code **20005-3005**

FEC ID number of contributing federal political committee. **C C00107235**

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
05 / 06 / 2016

Transaction ID : SA11C.4922

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **430 NORTH MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611-4011**

FEC ID number of contributing federal political committee. **C C00030718**

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
06 / 30 / 2016

Transaction ID : SA11C.5282

Amount of Each Receipt this Period
5000.00

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: (check only one)	PAGE 131 OF 220
	<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	

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)
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
9000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11C.5018

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SOUTHWESTERN ENERGY COMPANY PAC

Mailing Address P.O. BOX 789

City CONWAY State AR Zip Code 72033-0789

FEC ID number of contributing federal political committee. **C C00190652**

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
04 / 01 / 2016

Transaction ID : SA11C.5161

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 919 E MAIN ST

City RICHMOND State VA Zip Code 23219-4625

FEC ID number of contributing federal political committee. **C C00386524**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.5077

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).....

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 220
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. TEXAS CAPITAL BANK PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Mailing Address 2000 MCKINNEY SUITE 700		Transaction ID : SA11C.4911
City DALLAS State TX Zip Code 75201-1985	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00496745	Name of Employer Occupation	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. THE FINANCIAL SERVICES ROUNDTABLE PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2016
Mailing Address 600 13TH STREET, N.W. SUITE 400		Transaction ID : SA11C.4916
City WASHINGTON State DC Zip Code 20005-3008	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00193177	Name of Employer Occupation	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016
Mailing Address 1155 F ST NW		Transaction ID : SA11C.5180
City WASHINGTON State DC Zip Code 20004-1312	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00284885	Name of Employer Occupation	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7500.00	

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 133 OF 220
(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)
THE REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE NW
STE 720

City State Zip Code
D.C. DC 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
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11C.5279

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 601 THIRTEENTH STREET, NW
SUITE 700 NORTH

City State Zip Code
WASHINGTON DC 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
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : SA11C.5053

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TRANS UNION PAC

Mailing Address 555 WEST ADAMS ST

City State Zip Code
CHICAGO IL 60661-3719

FEC ID number of contributing federal political committee. **C C00313700**

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
05 / 26 / 2016

Transaction ID : SA11C.5036

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: PAGE 134 OF 220
(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)
UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT

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

City WASHINGTON State DC Zip Code 20005-6621

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
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11C.4833

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. 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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : SA11C.5039

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. 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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.5289

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).....

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 135 OF 220
	<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)
USBANCORP FEDERAL PAC

Mailing Address **800 NICOLLET MALL**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00320002**

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
06 / 09 / 2016

Transaction ID : SA11C.5114

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VOYA FINANCIAL PAC

Mailing Address **230 PARK AVE**

City **NY** State **NY** Zip Code **10169-0005**

FEC ID number of contributing federal political committee. **C C00184028**

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
06 / 24 / 2016

Transaction ID : SA11C.5252

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WINDSTREAM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **4001 RODNEY PARHAM RD**

City **LITTLE ROCK** State **AR** Zip Code **72212-2459**

FEC ID number of contributing federal political committee. **C C00425975**

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
06 / 14 / 2016

Transaction ID : SA11C.5182

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

8000.00

147905.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 220	
	<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. CATHY MCMORRIS RODGERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address BOX 137		Amount of Each Disbursement this Period 175.42
City SPOKANE State WA Zip Code 99210-0137	Purpose of Disbursement IN-KIND CONTRIBUTION	
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 : SB17.4814 IN-KIND - FUNDRAISING - CONSULTANT FEES
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MCHENRY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address C/O LISA LISKER P.O. BOX 2165		Amount of Each Disbursement this Period 230.00
City GASTONIA State NC Zip Code 28053-2165	Purpose of Disbursement IN-KIND CONTRIBUTION	
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 : SB17.5244 IN-KIND CONTRIBUTION - FUNDRAISING EXPENSES
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MR. GEORGE GLEASON		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address P.O. BOX 8811		Amount of Each Disbursement this Period 3084.09
City LITTLE ROCK State AR Zip Code 72231	Purpose of Disbursement FUNDRAISER - FOOD/BEVERAGE	
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 : SB17.I1884
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3489.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 220			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MS. ELIZABETH HARPER			Date of Disbursement M M / D D / Y Y Y Y 04 / 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		
Candidate Name		Transaction ID : SB17.I1687		
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. MS. ELIZABETH HARPER			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 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		
Candidate Name		Transaction ID : SB17.I1690		
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) C. MS. ELIZABETH HARPER			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 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		
Candidate Name		Transaction ID : SB17.I1835		
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:				

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 138 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MS. ELIZABETH HARPER		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address 1510 ALBERTA STREET		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1840
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. MS. ELIZABETH HARPER		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 1510 ALBERTA STREET		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1844
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. MS. ELIZABETH HARPER		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 1510 ALBERTA STREET		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City LITTLE ROCK	State AR	
Zip Code 72227	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1848
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 139 OF 220			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MS. ALLISON JOHNSON			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016	
Mailing Address PO BOX 7841			Amount of Each Disbursement this Period 4500.00	
City LITTLE ROCK	State AR	Zip Code 72217	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CONSULTING - FUNDRAISING		Category/ Type	Transaction ID : SB17.I1702	
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. MR. JAI LAMBERT			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address 9 CONNELL DRIVE			Amount of Each Disbursement this Period 250.00	
City LITTLE ROCK	State AR	Zip Code 72205-1507	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	Transaction ID : SB17.5243 IN KIND CONTRIBUTION - CAMPAIGN MATERIALS	
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) C. MRS. AMY REINHOLD			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016	
Mailing Address 4215 LONGTREE COVE			Amount of Each Disbursement this Period 550.00	
City LITTLE ROCK	State AR	Zip Code 72212	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PHOTOGRAPHY SERVICES		Category/ Type	Transaction ID : SB17.I1900	
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:			

SUBTOTAL of Disbursements This Page (optional).....	5300.00
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 140 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MRS. MISSY RICKELS			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016	
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 1623.75	
City LITTLE ROCK	State AR	Zip Code 72207	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name		Transaction ID : SB17.I1691		
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. MRS. MISSY RICKELS			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016	
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 1908.75	
City LITTLE ROCK	State AR	Zip Code 72207	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name		Transaction ID : SB17.I1836		
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) C. MRS. MISSY RICKELS			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 311 MCMILLEN TRAIL			Amount of Each Disbursement this Period 1413.75	
City LITTLE ROCK	State AR	Zip Code 72207	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name		Transaction ID : SB17.I1849		
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:				

SUBTOTAL of Disbursements This Page (optional).....	4946.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. ALEXANDER T ST AMOUR		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 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	
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 : SB17.I1688
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MR. ALEXANDER T ST AMOUR		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 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	
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 : SB17.I1692
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MR. ALEXANDER T ST AMOUR		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 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	
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 : SB17.I1837
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7750.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MR. ALEXANDER T ST AMOUR			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 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 : SB17.I1841	
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. MR. ALEXANDER T ST AMOUR			Date of Disbursement M M / D D / Y Y Y Y 06 / 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 : SB17.I1845	
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) C. MR. ALEXANDER T ST AMOUR			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 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 : SB17.I1850	
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:				

SUBTOTAL of Disbursements This Page (optional).....	7750.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 220	
	<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. 2ND CONGRESSIONAL DISTRICT COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address 123 SOUTH BROAD STREET SUITE 1800		Amount of Each Disbursement this Period 40.00
City PHILADELPHIA	State PA Zip Code 19109	
Purpose of Disbursement CONVENTION FEES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1883
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 840.94
City LITTLE ROCK	State AR Zip Code 72204	
Purpose of Disbursement PRINTING SERVICES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1699
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 45.00
City LITTLE ROCK	State AR Zip Code 72204	
Purpose of Disbursement PRINTING SERVICES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1859
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	925.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 1129.28
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
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)	Transaction ID : SB17.I1869
State: District:		

Full Name (Last, First, Middle Initial) B. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 258.34
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
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)	Transaction ID : SB17.I1877
State: District:		

Full Name (Last, First, Middle Initial) C. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 49.06
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING SERVICES	
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)	Transaction ID : SB17.I1938
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1436.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ARKANSAS BROADCASTERS ASSOCIATION			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 2024 ARKANSAS VALLEY DRIVE #403			Amount of Each Disbursement this Period 59.86
City LITTLE ROCK	State AR	Zip Code 72212	
Purpose of Disbursement LUNCHEON - FOOD/BEVERAGE		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1860
State: District:			

Full Name (Last, First, Middle Initial) B. ARKANSAS VETERANS COALITION			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 4210 EAST KIEHL AVENUE			Amount of Each Disbursement this Period 1000.00
City SHERWOOD	State AR	Zip Code 72120	
Purpose of Disbursement ADVERTISING		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1932
State: District:			

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 208 SOUTH AKARD STREET			Amount of Each Disbursement this Period 40.90
City DALLAS	State TX	Zip Code 75202	
Purpose of Disbursement TELEPHONE SERVICES		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1705
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1100.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 220	
	<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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 41.23
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE SERVICES	
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 : SB17.I1864
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 50.90
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE SERVICES	
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 : SB17.I1874
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CAMPAIGN MAIL & DATA, INC. DBA CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement SOFTWARE	
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 : SB17.I1696
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	890.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 220	
	<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: 06 / 28 / 2016

Amount of Each Disbursement this Period: 798.00

Memo Item

Transaction ID : SB17.I1854

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: 05 / 27 / 2016

Amount of Each Disbursement this Period: 798.00

Memo Item

Transaction ID : SB17.I1856

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

Mailing Address 300 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 10 / 2016

Amount of Each Disbursement this Period: 343.64

Memo Item

Transaction ID : SB17.I1865

SUBTOTAL of Disbursements This Page (optional) 1939.64

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 220	
	<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. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 24 / 2016

Amount of Each Disbursement this Period: 71.76

Memo Item

Transaction ID : SB17.I1909

B. COMCAST

Full Name (Last, First, Middle Initial)
Mailing Address 1701 JOHN F KENNEDY BOULEVARD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement INTERNET & CABLE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 12 / 2016

Amount of Each Disbursement this Period: 149.31

Memo Item

Transaction ID : SB17.I1700

C. COMCAST

Full Name (Last, First, Middle Initial)
Mailing Address 1701 JOHN F KENNEDY BOULEVARD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement INTERNET & CABLE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 09 / 2016

Amount of Each Disbursement this Period: 149.31

Memo Item

Transaction ID : SB17.I1861

SUBTOTAL of Disbursements This Page (optional) 370.38

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 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	
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 : SB17.I1872
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 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	
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 : SB17.I1939
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CONWAY COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 1201 W 6TH ST		Amount of Each Disbursement this Period 70.00
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement LUNCHEON - FOOD/BEVERAGE	
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 : SB17.I1851
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	368.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 220	
	<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. COVENANT OF ZION CATHEDRAL CHURCH			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 3023 W. 12TH STREET			Amount of Each Disbursement this Period 275.00	
City LITTLE ROCK	State AR	Zip Code 72204	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING - VENUE RENTAL		Category/Type	Transaction ID : SB17.I1881	
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. COVINGTON & BURLING LLP			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016	
Mailing Address ONE CITYCENTER 850 TENTH STREET, NW			Amount of Each Disbursement this Period 396.00	
City WASHINGTON	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement LUNCHEON - FOOD/BEVERAGE		Category/Type	Transaction ID : SB17.I1897	
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) C. DATAMAX			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016	
Mailing Address 7400 KANIS RD			Amount of Each Disbursement this Period 101.59	
City LITTLE ROCK	State AR	Zip Code 72204	Memo Item <input type="checkbox"/>	
Purpose of Disbursement COPIER RENTAL		Category/Type	Transaction ID : SB17.I1701	
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:				

SUBTOTAL of Disbursements This Page (optional).....	772.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 220	
	<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. DATAMAX		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 7400 KANIS RD		Amount of Each Disbursement this Period 218.03
City LITTLE ROCK	State AR	
Zip Code 72204	Purpose of Disbursement COPIER RENTAL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1867
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. DATAMAX		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 7400 KANIS RD		Amount of Each Disbursement this Period 38.27
City LITTLE ROCK	State AR	
Zip Code 72204	Purpose of Disbursement COPIER RENTAL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1871
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) C. DATAMAX		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 7400 KANIS RD		Amount of Each Disbursement this Period 88.07
City LITTLE ROCK	State AR	
Zip Code 72204	Purpose of Disbursement COPIER RENTAL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1878
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:		

SUBTOTAL of Disbursements This Page (optional).....	344.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 OF 220	
	<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. DIRECT MAIL SYSTEMS

Mailing Address 12450 AUTOMOBILE BOULEVARD

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2016

Amount of Each Disbursement this Period: 2712.51

Memo Item

Transaction ID : SB17.I1870

Full Name (Last, First, Middle Initial)
B. IMPACT MANAGEMENT

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: 05 / 18 / 2016

Amount of Each Disbursement this Period: 226.72

Memo Item

Transaction ID : SB17.I1868

Full Name (Last, First, Middle Initial)
C. IMPACT MANAGEMENT

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: 06 / 15 / 2016

Amount of Each Disbursement this Period: 1500.00

Memo Item

Transaction ID : SB17.I1904

SUBTOTAL of Disbursements This Page (optional) 4439.23

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 OF 220	
	<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. JAI LAMBERT		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 9 CONNELL DRIVE		Amount of Each Disbursement this Period 1200.00
City LITTLE ROCK	State AR	
Zip Code 72205	Purpose of Disbursement DESIGN SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1935
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. LITTLE ROCK CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 400 W CAPITOL AVE		Amount of Each Disbursement this Period 442.72
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement FUNDRAISING - FOOD/BEVERAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1896
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) C. MITCHELL WILLIAMS LAW		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 425 WEST CAPITOL AVENUE		Amount of Each Disbursement this Period 1003.50
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement CONSULTING - LEGAL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1862
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:		

SUBTOTAL of Disbursements This Page (optional).....	2646.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 154 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MITCHELL WILLIAMS LAW		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 425 WEST CAPITOL AVENUE		Amount of Each Disbursement this Period 1743.48 <input type="checkbox"/> Memo Item Transaction ID : SB17.I1875
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement CONSULTING - LEGAL 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 Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MITCHELL WILLIAMS LAW		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 425 WEST CAPITOL AVENUE		Amount of Each Disbursement this Period 128.16 <input type="checkbox"/> Memo Item Transaction ID : SB17.I1937
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement CONSULTING - LEGAL 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 Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MOSES TUCKER REAL ESTATE INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 200 RIVER MARKET AVE		Amount of Each Disbursement this Period 1595.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I1866
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement MONTHLY RENT Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1743.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 OF 220	
	<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. MOSES TUCKER REAL ESTATE INC			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 200 RIVER MARKET AVE			Amount of Each Disbursement this Period 1595.00	
City LITTLE ROCK	State AR	Zip Code 72201	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MONTHLY RENT		Category/Type	Transaction ID : SB17.I1873	
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. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016	
Mailing Address 300 FIRST STREET			Amount of Each Disbursement this Period 307.14	
City SE WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING - RENTAL & CATERING		Category/Type	Transaction ID : SB17.I1704	
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) C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			Amount of Each Disbursement this Period 313.13	
City ROCHESTER	State NY	Zip Code 14625	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL TAXES		Category/Type	Transaction ID : SB17.I1689	
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:				

SUBTOTAL of Disbursements This Page (optional).....	2215.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 491.45	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1693	
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)		

B. Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 77.81	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1694	
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)		

C. Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 67.02	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1695	
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)		

SUBTOTAL of Disbursements This Page (optional).....	636.28
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 69.72	
Purpose of Disbursement PAYROLL PROCESSING FEE		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.I1838	
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. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 522.14	
Purpose of Disbursement PAYROLL TAXES		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.I1839	
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) C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 69.51	
Purpose of Disbursement PAYROLL PROCESSING FEE		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.I1842	
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: _____			

SUBTOTAL of Disbursements This Page (optional).....	661.37
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 313.13	
Purpose of Disbursement PAYROLL TAXES	Category/Type	<input type="checkbox"/> Memo Item	
Candidate Name	Transaction ID : SB17.I1843		
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. Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 69.51	
Purpose of Disbursement PAYROLL PROCESSING FEE	Category/Type	<input type="checkbox"/> Memo Item	
Candidate Name	Transaction ID : SB17.I1846		
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:			

C. Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625		Amount of Each Disbursement this Period 313.13	
Purpose of Disbursement PAYROLL TAXES	Category/Type	<input type="checkbox"/> Memo Item	
Candidate Name	Transaction ID : SB17.I1847		
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:			

SUBTOTAL of Disbursements This Page (optional).....	695.77
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 159 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625			
Purpose of Disbursement PAYROLL PROCESSING FEES	Amount of Each Disbursement this Period 69.72		
Candidate Name	Memo Item <input type="checkbox"/>		
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 : SB17.I1852	

Full Name (Last, First, Middle Initial) B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 911 PANORAMA TRAIL SOUTH			
City ROCHESTER State NY Zip Code 14625			
Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 461.93		
Candidate Name	Memo Item <input type="checkbox"/>		
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 : SB17.I1853	

Full Name (Last, First, Middle Initial) C. PEARTREE, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016	
Mailing Address 52 EDGEHILL RD			
City LITTLE ROCK State AR Zip Code 72207			
Purpose of Disbursement MONTHLY RENT	Amount of Each Disbursement this Period 1595.00		
Candidate Name	Memo Item <input type="checkbox"/>		
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 : SB17.I1703	

SUBTOTAL of Disbursements This Page (optional).....	2126.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 220	
	<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: 04 / 14 / 2016

Amount of Each Disbursement this Period: 417.84

Memo Item

Transaction ID : SB17.I1698

B. 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: 05 / 09 / 2016

Amount of Each Disbursement this Period: 406.72

Memo Item

Transaction ID : SB17.I1863

C. 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: 06 / 06 / 2016

Amount of Each Disbursement this Period: 406.80

Memo Item

Transaction ID : SB17.I1876

SUBTOTAL of Disbursements This Page (optional) 1231.36

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 161 OF 220	
	<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. PULASKI COUNTY REPUBLICAN WOMEN			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address P.O. BOX 17303			Amount of Each Disbursement this Period 42.00
City LITTLE ROCK	State AR	Zip Code 72222	
Purpose of Disbursement LUNCHEON - FOOD/BEVERAGE		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1903
State: District:			

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016
Mailing Address P.O. BOX 26466			Amount of Each Disbursement this Period 690.75
City LITTLE ROCK	State AR	Zip Code 72221	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1685
State: District:			

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address P.O. BOX 26466			Amount of Each Disbursement this Period 273.10
City LITTLE ROCK	State AR	Zip Code 72221	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1879
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1005.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 162 OF 220	
	<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. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 550.50
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1880
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. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address P.O. BOX 26466		Amount of Each Disbursement this Period 44.50
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1930
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) C. REPUBLICAN CONGRESSIONAL SPOUSES		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 2001 NEW HAMPSHIRE AVENUE		Amount of Each Disbursement this Period 35.00
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement LIBRARY OF CONGRESS RECEPTION	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1901
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:		

SUBTOTAL of Disbursements This Page (optional)	630.00
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 163 OF 220	
	<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. SECURITY BANKCARD

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 22116

City TULSA State OK Zip Code 74121

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE MEMO ITEMS

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 04 / 2016

Amount of Each Disbursement this Period
2433.53

Memo Item

Transaction ID : SB17.I1706
CREDIT CARD PAYMENT - SEE MEMO ITEMS

B. AMTRACK DC

Full Name (Last, First, Middle Initial)
Mailing Address 201 I STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRANSPORTATION SVC

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 04 / 2016

Amount of Each Disbursement this Period
274.00

Memo Item

Transaction ID : SB17.I1777
ITEMIZED CREDIT CARD PAYMENT 4/4/16

C. ATLANTA AIRPORT

Full Name (Last, First, Middle Initial)
Mailing Address 9700 SPINE RD SW

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 04 / 2016

Amount of Each Disbursement this Period
42.82

Memo Item

Transaction ID : SB17.I1770
ITEMIZED CREDIT CARD PAYMENT 4/4/16

SUBTOTAL of Disbursements This Page (optional) 2433.53

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 OF 220	
	<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. BEARNAISE		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 315 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 341.08
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1768 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

Full Name (Last, First, Middle Initial) B. CANTINA LAREDO		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 207 N UNIVERSITY		Amount of Each Disbursement this Period 180.95
City LITTLE ROCK	State AR	
Zip Code 72205	Purpose of Disbursement FOOD/BEVERAGE	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1771 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 454.60
City ATLANTA	State GA	
Zip Code 30320	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1778 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 165 OF 220	
	<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. EXPEDIA

Mailing Address 333 108TH AVENUE NE #300

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2016

Amount of Each Disbursement this Period: 439.18

Memo Item

Transaction ID : SB17.I1775
ITEMIZED CREDIT CARD PAYMENT 4/4/16

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

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2016

Amount of Each Disbursement this Period: 35.00

Memo Item

Transaction ID : SB17.I1783
ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial)
C. GRAND CAB

Mailing Address 3001 EARL PL NE

City WASHINGTON State DC Zip Code 20018

Purpose of Disbursement TRANSPORTATION SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2016

Amount of Each Disbursement this Period: 20.92

Memo Item

Transaction ID : SB17.I1782
ITEMIZED CREDIT CARD PAYMENT 4/4/16

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 OF 220	
	<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. HOLIDAY INN PRESIDENTIAL LITTLE ROCK

Mailing Address 600 INTERSTATE 30

City LITTLE ROCK State AR Zip Code 72202

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2016

Amount of Each Disbursement this Period: 174.22

Memo Item

Transaction ID : SB17.I1773
ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial)
B. MAILCHIMP

Mailing Address 512 MEANS STREET, SUITE 404

City ALTANTA State GA Zip Code 30318

Purpose of Disbursement ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2016

Amount of Each Disbursement this Period: 30.00

Memo Item

Transaction ID : SB17.I1769
ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial)
C. PF CHANG'S

Mailing Address 500 ASHWOOD PKWY

City ATLANTA State GA Zip Code 30338

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2016

Amount of Each Disbursement this Period: 22.73

Memo Item

Transaction ID : SB17.I1774
ITEMIZED CREDIT CARD PAYMENT 4/4/16

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 OF 220	
	<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. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 905 E OAK ST		Amount of Each Disbursement this Period 13.23
City CONWAY	State AR Zip Code 72202	
Purpose of Disbursement FOOD/BEVERAGE	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	Transaction ID : SB17.I1781 ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial) B. THE NATIONAL CENTER FOR JEWISH FILM		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 415 SOUTH STREET		Amount of Each Disbursement this Period 260.00
City WALTHAM	State MA Zip Code 02454	
Purpose of Disbursement EVENT TICKETS	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	Transaction ID : SB17.I1776 ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial) C. TORTILLA COAST		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 400 1ST ST SE		Amount of Each Disbursement this Period 39.05
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGE	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	Transaction ID : SB17.I1772 ITEMIZED CREDIT CARD PAYMENT 4/4/16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 168 OF 220	
	<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. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		Amount of Each Disbursement this Period 94.10
City CHICAGO	State IL Zip Code 60606	
Purpose of Disbursement TRAVEL	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1779 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. YELLOW CAB COMPANY OF DC, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 1636 BLADENSBURG RD. NE		Amount of Each Disbursement this Period 11.65
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement TRANSPORTATION SVC	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1780 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 2388.00
City TULSA	State OK Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1707 CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2388.00
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 169 OF 220	
	<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. ACE HARDWARE		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address CANTRELL		Amount of Each Disbursement this Period 0.00 <input checked="" type="checkbox"/> Memo Item
City LITTLE ROCK	State AR	
Zip Code 72223	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1763 ITEMIZED CREDIT CARD PAYMENT 4/4/16
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. AIRPORT PARKING		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 1 AIRPORT DRIVE		Amount of Each Disbursement this Period 4.00 <input checked="" type="checkbox"/> Memo Item
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement PARKING SVC	Transaction ID : SB17.I1767 ITEMIZED CREDIT CARD PAYMENT 4/4/16
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. EMBASSY SUITES		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 900 10TH STREET NW		Amount of Each Disbursement this Period 235.54 <input checked="" type="checkbox"/> Memo Item
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1765 ITEMIZED CREDIT CARD PAYMENT 4/4/16
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)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 170 OF 220	
	<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. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 119 CARNAHAN DRIVE		Amount of Each Disbursement this Period 20.00
City MAUMELLE	State AR Zip Code 72113	
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	Transaction ID : SB17.I1748 ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial) B. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 119 CARNAHAN DRIVE		Amount of Each Disbursement this Period 36.41
City MAUMELLE	State AR Zip Code 72113	
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	Transaction ID : SB17.I1755 ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 119 CARNAHAN DRIVE		Amount of Each Disbursement this Period 21.54
City MAUMELLE	State AR Zip Code 72113	
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	Transaction ID : SB17.I1758 ITEMIZED CREDIT CARD PAYMENT 4/4/16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 171 OF 220	
	<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. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 119 CARNAHAN DRIVE		Amount of Each Disbursement this Period 28.21
City MAUMELLE	State AR Zip Code 72113	
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	Transaction ID : SB17.I1764 ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial) B. FULLER & SON HARDWARE		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 5915 R STREET		Amount of Each Disbursement this Period 5.43
City LITTLE ROCK	State AR Zip Code 72207	
Purpose of Disbursement OFFICE 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	Transaction ID : SB17.I1761 ITEMIZED CREDIT CARD PAYMENT 4/4/16

Full Name (Last, First, Middle Initial) C. JASON'S DELI		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 4209 E MCCAIN BLVD		Amount of Each Disbursement this Period 450.99
City NORTH LITTLE ROCK	State AR Zip Code 72117	
Purpose of Disbursement FUNDRAISING - FOOD/BEVERAGE	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	Transaction ID : SB17.I1754 ITEMIZED CREDIT CARD PAYMENT 4/4/16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 172 OF 220	
	<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. KUM & GO		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 7620 BASELINE RD		Amount of Each Disbursement this Period -40.00
City LITTLE ROCK	State AR	
Zip Code 72209	Purpose of Disbursement REFUND - 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1750 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

Full Name (Last, First, Middle Initial) B. KUM & GO		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 7620 BASELINE RD		Amount of Each Disbursement this Period 40.00
City LITTLE ROCK	State AR	
Zip Code 72209	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1751 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

Full Name (Last, First, Middle Initial) C. LARRY'S PIZZA		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 801 S BOWMAN RD		Amount of Each Disbursement this Period 4.10
City LITTLE ROCK	State AR	
Zip Code 72211	Purpose of Disbursement FOOD/BEVERAGE	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1760 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 173 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MAUMELLE QUICK MART			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 10920 MAUMELLE BLVD			Amount of Each Disbursement this Period 0.00	
City MAUMELLE	State AR	Zip Code 72113	Category/Type	
Purpose of Disbursement TRAVEL		Memo Item <input checked="" type="checkbox"/>		
Candidate Name		Transaction ID : SB17.I1746		
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)		ITEMIZED CREDIT CARD PAYMENT 4/4/16	
State: District:				

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF ARKANSAS			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 1201 WEST 6TH STREET			Amount of Each Disbursement this Period 500.00	
City LITTLE ROCK	State AR	Zip Code 72201	Category/Type	
Purpose of Disbursement DELEGATE FEES		Memo Item <input checked="" type="checkbox"/>		
Candidate Name		Transaction ID : SB17.I1762		
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)		ITEMIZED CREDIT CARD PAYMENT 4/4/16	
State: District:				

Full Name (Last, First, Middle Initial) C. ROCK HOUSE			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 1301 E BEEBE CAPPS EXPRESSWAY			Amount of Each Disbursement this Period 97.13	
City SEARCY	State AR	Zip Code 72143	Category/Type	
Purpose of Disbursement FUNDRAISING - FOOD/BEVERAGE		Memo Item <input checked="" type="checkbox"/>		
Candidate Name		Transaction ID : SB17.I1753		
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)		ITEMIZED CREDIT CARD PAYMENT 4/4/16	
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 174 OF 220	
	<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. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 5801 R STREET		Amount of Each Disbursement this Period -2.68
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement REFUND - TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1749
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)	ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 5801 R STREET		Amount of Each Disbursement this Period 60.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1752
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)	ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. PIZZA COMPANY		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 5524 KAVANAUGH BLVD		Amount of Each Disbursement this Period 39.87
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1766
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)	ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 175 OF 220	
	<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. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 350.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement POSTAGE	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1756 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

Full Name (Last, First, Middle Initial) B. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 497.00
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement POSTAGE	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1757 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

Full Name (Last, First, Middle Initial) C. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 5.83
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement POSTAGE	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1759 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 176 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 2510 CANTRELL ROAD		Amount of Each Disbursement this Period 16.82
City LITTLE ROCK	State AR Zip Code 72202	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1747 ITEMIZED CREDIT CARD PAYMENT 4/4/16
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 766.66
City TULSA	State OK Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1708 CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 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 PHONE EXPENSE	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I1715 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	766.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 177 OF 220	
	<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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 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 PHONE EXPENSE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1725 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHICAGO ELITE		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2617 S WABASH AVE		Amount of Each Disbursement this Period 8.70
City CHICAGO State IL Zip Code 60616	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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1711 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHICAGO ELITE		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2617 S WABASH AVE		Amount of Each Disbursement this Period 57.60
City CHICAGO State IL Zip Code 60616	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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1716 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 178 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CLINTON NATIONAL AIRPORT			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 1 AIRPORT ROAD			Amount of Each Disbursement this Period 42.51	
City LITTLE ROCK	State AR	Zip Code 72202	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1714 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement TRAVEL		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. GOOGLE ADS			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 1600 AMPHITHEATRE PARKWAY			Amount of Each Disbursement this Period 35.00	
City MOUNTAIN VIEW	State CA	Zip Code 94043	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1724 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement ONLINE ADVERTISING		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) C. LE PAIN QUOTIDIEN			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 800 17TH ST NW			Amount of Each Disbursement this Period 41.86	
City WASHINGTON	State DC	Zip Code 20006	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1719 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 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	Transaction ID : SB17.I1713 ITEMIZED CREDIT CARD PAYMENT 5/9/16

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 43.02
City LITTLE ROCK	State AR Zip Code 72202	
Purpose of Disbursement OFFICE 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	Transaction ID : SB17.I1718 ITEMIZED CREDIT CARD PAYMENT 5/9/16

Full Name (Last, First, Middle Initial) C. RIVERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 30 S WACKER DRIVE		Amount of Each Disbursement this Period 12.80
City CHICAGO	State IL Zip Code 60606	
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	Transaction ID : SB17.I1712 ITEMIZED CREDIT CARD PAYMENT 5/9/16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 OF 220	
	<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. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		Amount of Each Disbursement this Period -94.10
City CHICAGO State IL Zip Code 60606	Purpose of Disbursement REFUND - TRAVEL	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1710 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		Amount of Each Disbursement this Period 406.20
City CHICAGO State IL Zip Code 60606	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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1717 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. V.I.P CAB COMPANY - WASHINGTON DC		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2606 BLADENSBURG ROAD		Amount of Each Disbursement this Period 11.17
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement TRANSPORTATION SVC	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1720 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

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 181 OF 220	
	<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. V.I.P CAB COMPANY - WASHINGTON DC		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2606 BLADENSBURG ROAD		Amount of Each Disbursement this Period 11.63
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement TRANSPORTATION SVC	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1721 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. V.I.P CAB COMPANY - WASHINGTON DC		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2606 BLADENSBURG ROAD		Amount of Each Disbursement this Period 11.69
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement TRANSPORTATION SVC	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1722 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2510 CANTRELL ROAD		Amount of Each Disbursement this Period 36.25
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement FOOD/BEVERAGE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1723 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 1306.45
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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1709 CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ACE HARDWARE		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address CANTRELL		Amount of Each Disbursement this Period 2.50
City LITTLE ROCK State AR Zip Code 72223	Purpose of Disbursement OFFICE SUPPLIES	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1733 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. APPLEBEE'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 6 MABELVALE PLAZA DRIVE		Amount of Each Disbursement this Period 55.41
City LITTLE ROCK State AR Zip Code 72209	Purpose of Disbursement FOOD/BEVERAGE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1737 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1306.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 OF 220	
	<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. BEDFORD CAMERA & VIDEO		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 11400 N RODNEY PARHAM RD		Amount of Each Disbursement this Period 163.18
City LITTLE ROCK State AR Zip Code 72212	Purpose of Disbursement PHOTOGRAPHS	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1740 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COBBLESTONE AND VINE		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 2314 CANTRELL ROAD		Amount of Each Disbursement this Period 130.80
City LITTLE ROCK State AR Zip Code 72202	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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1742 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 119 CARNAHAN DRIVE		Amount of Each Disbursement this Period 23.38
City MAUMELLE State AR Zip Code 72113	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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1727 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 OF 220	
	<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. EXXON MOBIL			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 119 CARNAHAN DRIVE			Amount of Each Disbursement this Period 38.13	
City MAUMELLE	State AR	Zip Code 72113	Category/ Type	
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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1728 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
State: District:				

Full Name (Last, First, Middle Initial) B. EXXON MOBIL			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 119 CARNAHAN DRIVE			Amount of Each Disbursement this Period 24.22	
City MAUMELLE	State AR	Zip Code 72113	Category/ Type	
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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1730 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
State: District:				

Full Name (Last, First, Middle Initial) C. EXXON MOBIL			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 119 CARNAHAN DRIVE			Amount of Each Disbursement this Period 21.43	
City MAUMELLE	State AR	Zip Code 72113	Category/ Type	
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	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1736 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 OF 220	
	<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. FRANKE'S CAFETERIA			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 11121 N RODNEY PARHAM RD			Amount of Each Disbursement this Period 26.25	
City LITTLE ROCK	State AR	Zip Code 72212	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1734 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 2600 CANTRELL ROAD			Amount of Each Disbursement this Period 40.72	
City LITTLE ROCK	State AR	Zip Code 72202	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1729 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement OFFICE SUPPLIES		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) C. OFFICE DEPOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 2600 CANTRELL ROAD			Amount of Each Disbursement this Period 58.05	
City LITTLE ROCK	State AR	Zip Code 72202	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1735 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement OFFICE SUPPLIES		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:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 2600 CANTRELL ROAD			Amount of Each Disbursement this Period 38.40	
City LITTLE ROCK	State AR	Zip Code 72202	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1739 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
Candidate Name				
Office Sought:	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. OFFICE DEPOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 2600 CANTRELL ROAD			Amount of Each Disbursement this Period 16.33	
City LITTLE ROCK	State AR	Zip Code 72202	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I1743 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
Candidate Name				
Office Sought:	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) C. PANERA BREAD			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 11525 CANTRELL ROAD			Amount of Each Disbursement this Period 4.88	
City LITTLE ROCK	State AR	Zip Code 72212	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I1731 ITEMIZED CREDIT CARD PAYMENT 5/9/16	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type		
Candidate Name				
Office Sought:	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:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. POLITICAL ANIMALS		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 1 RIVERFRONT PLACE SUITE 610		Amount of Each Disbursement this Period 42.00
City NORTH LITTLE ROCK	State AR Zip Code 72114	
Purpose of Disbursement LUNCHEON - FOOD/BEVERAGE		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I1745 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 539.00
City LITTLE ROCK	State AR Zip Code 72207	
Purpose of Disbursement POSTAGE		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I1738 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 36.08
City LITTLE ROCK	State AR Zip Code 72207	
Purpose of Disbursement POSTAGE		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I1741 ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 OF 220	
	<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. WHOLE HOG CAFE		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2516 CANTRELL RD		Amount of Each Disbursement this Period 21.62
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1732
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)	ITEMIZED CREDIT CARD PAYMENT 5/9/16
State: District:		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 2062.12
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1784
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)	CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 440 TERRY AVE N		Amount of Each Disbursement this Period 39.99
City SEATTLE	State WA	
Zip Code 98109	Purpose of Disbursement OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1785
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)	ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2062.12
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 189 OF 220	
	<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. AMAZON		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 440 TERRY AVE N		Amount of Each Disbursement this Period 19.98
City SEATTLE	State WA	
Zip Code 98109	Purpose of Disbursement OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1799
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)	ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN PIE PIZZA		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 10912 COLONEL GLENN ROAD SUITE 7000		Amount of Each Disbursement this Period 20.57
City LITTLE ROCK	State AR	
Zip Code 72204	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1798
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)	ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

Full Name (Last, First, Middle Initial) C. BUFFALO GRILL		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 1611 REBSAMEN PARK RD		Amount of Each Disbursement this Period 30.25
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1797
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)	ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 190 OF 220	
	<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. CHEERS IN MAUMELLE		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 1901 CLUB MANOR DR		Amount of Each Disbursement this Period 46.25
City MAUMELLE	State AR Zip Code 72113	
Purpose of Disbursement FOOD/BEVERAGE	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	Transaction ID : SB17.I1793 ITEMIZED CREDIT CARD PAYMENT 05/19/2016

Full Name (Last, First, Middle Initial) B. DIAMOND BEAR BREWING COMPANY		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 600 N BROADWAY ST		Amount of Each Disbursement this Period 253.70
City NORTH LITTLE ROCK	State AR Zip Code 72114	
Purpose of Disbursement FUNDRAISING - FOOD/BEVERAGE	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	Transaction ID : SB17.I1790 ITEMIZED CREDIT CARD PAYMENT 05/19/2016

Full Name (Last, First, Middle Initial) C. DIRECT MAIL SYSTEMS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 12450 AUTOMOBILE BOULEVARD		Amount of Each Disbursement this Period 1140.00
City CLEARWATER	State FL Zip Code 33762	
Purpose of Disbursement DIRECT MAIL SERVICES	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	Transaction ID : SB17.I1796 ITEMIZED CREDIT CARD PAYMENT 05/19/2016

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 191 OF 220	
	<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. ENANCED RESOUCES CENTER - FLORIDA		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 8014 BAYBERRY RD		Amount of Each Disbursement this Period 299.80
City JACKSONVILLE State FL Zip Code 32256	Purpose of Disbursement FUNDRAISING - CONSULTING	
Candidate Name	Category/Type	<input checked="" 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 : SB17.I1802 ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

Full Name (Last, First, Middle Initial) B. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 119 CARNAHAN DRIVE		Amount of Each Disbursement this Period 26.65
City MAUMELLE State AR Zip Code 72113	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" 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 : SB17.I1789 ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

Full Name (Last, First, Middle Initial) C. FRANKE'S CAFETERIA		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 11121 N RODNEY PARHAM RD		Amount of Each Disbursement this Period 21.50
City LITTLE ROCK State AR Zip Code 72212	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input checked="" 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 : SB17.I1795 ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 192 OF 220	
	<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. GUILLERMO'S COFFEE HOUSE			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 11525 PLEASANT RIDGE DR			Amount of Each Disbursement this Period 10.94	
City LITTLE ROCK	State AR	Zip Code 72223	Category/ Type	
Purpose of Disbursement FOOD/BEVERAGE				
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1791 ITEMIZED CREDIT CARD PAYMENT 05/19/2016	
State: District:				

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 2600 CANTRELL ROAD			Amount of Each Disbursement this Period 21.56	
City LITTLE ROCK	State AR	Zip Code 72202	Category/ Type	
Purpose of Disbursement OFFICE SUPPLIES				
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1788 ITEMIZED CREDIT CARD PAYMENT 05/19/2016	
State: District:				

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 2600 CANTRELL ROAD			Amount of Each Disbursement this Period 45.76	
City LITTLE ROCK	State AR	Zip Code 72202	Category/ Type	
Purpose of Disbursement OFFICE SUPPLIES				
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1800 ITEMIZED CREDIT CARD PAYMENT 05/19/2016	
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 193 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period -42.50
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement REFUND	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1929
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)	ITEMIZED CREDIT CARD PAYMENT 05/19/16
State: District:		

Full Name (Last, First, Middle Initial) B. PANERA BREAD		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 11525 CANTRELL ROAD		Amount of Each Disbursement this Period 6.86
City LITTLE ROCK	State AR	
Zip Code 72212	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1794
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)	ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

Full Name (Last, First, Middle Initial) C. POLITICAL ANIMALS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 1 RIVERFRONT PLACE SUITE 610		Amount of Each Disbursement this Period 21.00
City NORTH LITTLE ROCK	State AR	
Zip Code 72114	Purpose of Disbursement LUNCHEON - FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1801
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)	ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 194 OF 220	
	<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. SAMANTHA'S TAP ROOM AND WOOD GRILL			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 322 MAIN ST			Amount of Each Disbursement this Period 14.66	
City LITTLE ROCK	State AR	Zip Code 72201	Category/ Type	
Purpose of Disbursement FOOD/BEVERAGE				
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1787 ITEMIZED CREDIT CARD PAYMENT 05/19/2016	
State: District:				

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address P.O. BOX 22116			Amount of Each Disbursement this Period 18.64	
City TULSA	State OK	Zip Code 74121	Category/ Type	
Purpose of Disbursement BANK CHARGES				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I1928 ITEMIZED CREDIT CARD PAYMENT 05/19/2016	
State: District:				

Full Name (Last, First, Middle Initial) C. US POSTAL SERVICE			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016	
Mailing Address 5420 KAVANAUGH BOULEVARD			Amount of Each Disbursement this Period 47.00	
City LITTLE ROCK	State AR	Zip Code 72207	Category/ Type	
Purpose of Disbursement POSTAGE				
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1792 ITEMIZED CREDIT CARD PAYMENT 05/19/2016	
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 195 OF 220	
	<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. WHOLE HOG CAFE		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2516 CANTRELL RD		Amount of Each Disbursement this Period 19.51
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement FOOD/BEVERAGE	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1786 ITEMIZED CREDIT CARD PAYMENT 05/19/2016
State: District:		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 2492.80
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ITEMS	<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)	Transaction ID : SB17.I1805 CREDIT CARD PAYMENT - SEE MEMO ITEMS
State: District:		

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 440 TERRY AVE N		Amount of Each Disbursement this Period 15.55
City SEATTLE	State WA	
Zip Code 98109	Purpose of Disbursement OFFICE 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1828 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2492.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 196 OF 220	
	<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. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address P.O. BOX 619616 MD 5675		Amount of Each Disbursement this Period 189.18
City DFW AIRPORT	State TX Zip Code 75261	
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	Transaction ID : SB17.I1822 ITEMIZED CREDIT CARD PAYMENT 05/20/2016

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address P.O. BOX 619616 MD 5675		Amount of Each Disbursement this Period 104.10
City DFW AIRPORT	State TX Zip Code 75261	
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	Transaction ID : SB17.I1823 ITEMIZED CREDIT CARD PAYMENT 05/20/2016

Full Name (Last, First, Middle Initial) C. AMTRACK DC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 201 I STREET NE		Amount of Each Disbursement this Period 48.00
City WASHINGTON	State DC Zip Code 20002	
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	Transaction ID : SB17.I1812 ITEMIZED CREDIT CARD PAYMENT 05/20/2016

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 197 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 4300 GARDEN CITY DRIVE		Amount of Each Disbursement this Period 4.50
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement FOOD/BEVERAGE	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1814 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 4300 GARDEN CITY DRIVE		Amount of Each Disbursement this Period 196.00
City WASHINGTON	State DC	
Zip Code 20005	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1820 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 05 / 20 / 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 SERVICES	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1830 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 198 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 331.99
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING - FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1831
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)	ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HOST		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address RM B-339B RAYBURN HOUSE OFFICE BLD		Amount of Each Disbursement this Period 227.30
City WASHINGTON	State DC	
Zip Code 20515	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1825
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)	ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:		

Full Name (Last, First, Middle Initial) C. DC TAXI		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 1636 BLADENSBURG ROAD		Amount of Each Disbursement this Period 10.90
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1821
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)	ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 199 OF 220	
	<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. DC TAXI

Full Name (Last, First, Middle Initial)
Mailing Address 1636 BLADENSBURG ROAD

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRANSPORTATION SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2016

Amount of Each Disbursement this Period: 33.48

Memo Item

Transaction ID : SB17.I1829
ITEMIZED CREDIT CARD PAYMENT 05/20/2016

B. DELTA AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2016

Amount of Each Disbursement this Period: 348.60

Memo Item

Transaction ID : SB17.I1827
ITEMIZED CREDIT CARD PAYMENT 05/20/2016

C. GREGORY'S COFFEE

Full Name (Last, First, Middle Initial)
Mailing Address 878 LEXINGTON AVE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2016

Amount of Each Disbursement this Period: 10.01

Memo Item

Transaction ID : SB17.I1808
ITEMIZED CREDIT CARD PAYMENT 05/20/2016

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 200 OF 220	
	<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. HAWK 'N' DOVE		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 329 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 25.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1818 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. K BREAD & CO. INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 425 MADISON AVE		Amount of Each Disbursement this Period 29.77
City NEW YORK State NY Zip Code 10017	Purpose of Disbursement FOOD/BEVERAGE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1810 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. LOCAL UNION		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 1501 N UNIVERSITY AVE		Amount of Each Disbursement this Period 46.90
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement FOOD/BEVERAGE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1807 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
State: District:	Category/Type	

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 201 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 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		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)	<input checked="" type="checkbox"/> Memo Item
State: District:		Transaction ID : SB17.I1806 ITEMIZED CREDIT CARD PAYMENT 05/20/2016

Full Name (Last, First, Middle Initial) B. MTA (METROPOLITAN TRANSIT AUTHORITY)		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 333 W. 34TH STREET, 9TH FLOOR		Amount of Each Disbursement this Period 20.00
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement TRANSPORTATION SVC		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)	<input checked="" type="checkbox"/> Memo Item
State: District:		Transaction ID : SB17.I1811 ITEMIZED CREDIT CARD PAYMENT 05/20/2016

Full Name (Last, First, Middle Initial) C. NYC TAXI		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 33 BEAVER STREET		Amount of Each Disbursement this Period 14.30
City NEW YORK CITY	State NY	Zip Code 10004
Purpose of Disbursement TRANSPORTATION SVC		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)	<input checked="" type="checkbox"/> Memo Item
State: District:		Transaction ID : SB17.I1809 ITEMIZED CREDIT CARD PAYMENT 05/20/2016

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 202 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial)
A. NYC TAXI

Mailing Address **33 BEAVER STREET**

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

Purpose of Disbursement
TRANSPORTATION SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: **05 / 20 / 2016**

Amount of Each Disbursement this Period: **8.16**

Memo Item

Transaction ID : SB17.I1815
ITEMIZED CREDIT CARD PAYMENT 05/20/2016

Full Name (Last, First, Middle Initial)
B. PARK HYATT NEW YORK

Mailing Address **153 W 57TH ST**

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

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: **05 / 20 / 2016**

Amount of Each Disbursement this Period: **128.47**

Memo Item

Transaction ID : SB17.I1817
ITEMIZED CREDIT CARD PAYMENT 05/20/2016

Full Name (Last, First, Middle Initial)
C. RIKI RESTAURANT

Mailing Address **141E E 45TH ST**

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

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: **05 / 20 / 2016**

Amount of Each Disbursement this Period: **89.30**

Memo Item

Transaction ID : SB17.I1813
ITEMIZED CREDIT CARD PAYMENT 05/20/2016

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 203 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 17.80
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement BANK CHARGES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1931 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
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. THE ROOSEVELT HOTEL		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 45 EAST 45TH ST. AT MADISON AVENUE		Amount of Each Disbursement this Period 62.00
City NEW YORK CITY	State NY	
Zip Code 10017	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1816 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
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) C. THE WHITE HOUSE GIFT SHOP		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 701 15TH ST NW		Amount of Each Disbursement this Period 153.00
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement THANK YOU ITEMS FOR VOLUNTEERS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1824 ITEMIZED CREDIT CARD PAYMENT 05/20/2016
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:		

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 204 OF 220	
	<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. WINTHROP ROCKEFELLER INSTITUTE			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016	
Mailing Address 1 ROCKEFELLER DR			Amount of Each Disbursement this Period 292.07	
City MORRILTON	State AR	Zip Code 72110	Category/ Type	
Purpose of Disbursement FUNDRAISING - VENUE 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1826 ITEMIZED CREDIT CARD PAYMENT 05/20/2016	
State: District:				

Full Name (Last, First, Middle Initial) B. YELLOW CAB COMPANY OF DC, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016	
Mailing Address 1636 BLADENSBURG RD. NE			Amount of Each Disbursement this Period 12.17	
City WASHINGTON	State DC	Zip Code 20002	Category/ Type	
Purpose of Disbursement TRANSPORTATION SVC				
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1819 ITEMIZED CREDIT CARD PAYMENT 05/20/2016	
State: District:				

Full Name (Last, First, Middle Initial) C. SIMMONS FIRST NATIONAL BANK			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016	
Mailing Address 425 WEST CAPITOL			Amount of Each Disbursement this Period 77.75	
City LITTLE ROCK	State AR	Zip Code 72201	Category/ Type	
Purpose of Disbursement BANK CHARGES				
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 : SB17.I1686	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	77.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 205 OF 220	
	<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. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 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	Transaction ID : SB17.I1857
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. SIMMONS FIRST NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 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	Transaction ID : SB17.I1858
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) C. SUSAN GAGE CATERERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 7100 OD LANDOVER ROAD		Amount of Each Disbursement this Period 2717.50
City LANDOVER	State MD	
Zip Code 20785	Purpose of Disbursement FUNDRAISING - FOOD/BEVERAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1886
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:		

SUBTOTAL of Disbursements This Page (optional).....	2873.00
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 206 OF 220	
	<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. THE OORBEEK GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20003	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 : SB17.I1697
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE OORBEEK GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20003	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 : SB17.I1887
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE OORBEEK GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 9813.34
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement REIMBURSEMENT - SEE MEMO ITEMS	
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 : SB17.I1888 REIMBURSEMENT - SEE MEMO ITEMS
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	14813.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 207 OF 220	
	<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. ACQUA AL 2		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 212 7TH ST SE		Amount of Each Disbursement this Period 644.15
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING EVENT RENTAL & CATERING	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1890 ITEMIZED REIMBURSEMENT PAYMENT 5/10/2016
State: District:		

Full Name (Last, First, Middle Initial) B. BAKED & WIRED		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 1052 THOMAS JEFFERSON ST NW		Amount of Each Disbursement this Period 73.04
City WASHINGTON	State DC	
Zip Code 20007	Purpose of Disbursement FUNDRAISING EVENT & CATERING	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1893 ITEMIZED REIMBURSEMENT PAYMENT 5/10/2016
State: District:		

Full Name (Last, First, Middle Initial) C. DEL FRISCO'S DOUBLE EAGLE		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 950 I STREET NW, SUITE 501		Amount of Each Disbursement this Period 1907.89
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement FUNDRAISING EVENT RENTAL & CATERING	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1889 ITEMIZED REIMBURSEMENT PAYMENT 5/10/2016
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 208 OF 220	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 05 / 10 / 2016
Mailing Address THREE GALLERIA TOWER 13155 NOEL ROAD, SUITE 1600		Amount of Each Disbursement this Period 34.50
City DALLAS State TX Zip Code 75240	Purpose of Disbursement POSTAGE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1891 ITEMIZED REIMBURSEMENT PAYMENT 5/10/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE OORBEEK GROUP		Date of Disbursement MM / DD / YYYY 05 / 10 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 5940.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CONSULTING - FUNDRAISING	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1895 ITEMIZED REIMBURSEMENT PAYMENT 5/10/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. US POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 05 / 10 / 2016
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 22.95
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement POSTAGE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1892 IMEMIZED REIMBURSEMENT PAYMENT 5/10/2016
State: District:	Category/Type	

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 209 OF 220	
	<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. VIRGINIA WINE TOURS

Full Name (Last, First, Middle Initial)
Mailing Address 718 SOUTH FAYETTE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FUNDRAISING - FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 10 / 2016

Amount of Each Disbursement this Period: 1190.81

Memo Item

Transaction ID : SB17.I1894
ITEMIZED REIMBURSEMENT PAYMENT 5/10/2016

B. THE OORBEEK GROUP

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

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONSULTING - FUNDRAISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 22 / 2016

Amount of Each Disbursement this Period: 2500.00

Memo Item

Transaction ID : SB17.I1913

C. THE OORBEEK GROUP

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

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement REIMBURSEMENT - SEE MEMO ITEMS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 22 / 2016

Amount of Each Disbursement this Period: 12147.66

Memo Item

Transaction ID : SB17.I1914
REIMBURSEMENT - SEE MEMO ITEMS

SUBTOTAL of Disbursements This Page (optional) 14647.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 210 OF 220	
	<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. ACQUA AL 2		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 212 7TH ST SE		Amount of Each Disbursement this Period 468.16
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING - CATERING	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1919 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:		

Full Name (Last, First, Middle Initial) B. ART AND SOUL RESTAURANT		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 415 NEW JERSEY AVE NW		Amount of Each Disbursement this Period 2128.00
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement FUNDRAISING - CATERING	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1920 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:		

Full Name (Last, First, Middle Initial) C. COSTCO		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 2441 MARKET ST. NE		Amount of Each Disbursement this Period 36.29
City WASHINGTON	State DC	
Zip Code 20018	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1922 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 211 OF 220	
	<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. DANGEROUSLY DELICIOUS PIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 1339 H STREET NE		Amount of Each Disbursement this Period 66.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement FUNDRAISING - 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1921 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DCITY SMOKEHOUSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 1540 NORTH CAPITAL ST, NW		Amount of Each Disbursement this Period 231.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement FUNDRAISING - 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1924 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. GIANT		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 360H STREET NE		Amount of Each Disbursement this Period 8.20
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement FUNDRAISING - 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1923 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:	Category/Type	

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 212 OF 220	
	<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. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 1875 EYE STREET NW, SUITE 600		Amount of Each Disbursement this Period 650.00
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement CONSULTING - FUNDRAISING	
Candidate Name	Category/Type	<input checked="" 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 : SB17.I1926 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:		

Full Name (Last, First, Middle Initial) B. NOPA KITCHEN & BAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 800 F ST NW		Amount of Each Disbursement this Period 449.11
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement FUNDRAISING - CATERING	
Candidate Name	Category/Type	<input checked="" 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 : SB17.I1915 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:		

Full Name (Last, First, Middle Initial) C. ROSA MEXICANO		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 575 7TH STREET		Amount of Each Disbursement this Period 886.95
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement FUNDRAISING - CATERING	
Candidate Name	Category/Type	<input checked="" 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 : SB17.I1918 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 213 OF 220	
	<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. THE OORBEEK GROUP		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 1000 NEW JERSEY AVENUE, SE #1016		Amount of Each Disbursement this Period 4791.05
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CONSULTING - FUNDRAISING	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1925 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE SOURCE BY WOLFGANG PUCK		Date of Disbursement MM / DD / YYYY 04 / 28 / 2016
Mailing Address 575 PENNSYLVANIA AVE NW		Amount of Each Disbursement this Period 1265.38
City WASHINGTON State DC Zip Code 20001	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1916 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VIRGINIA WINE TOURS		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 718 SOUTH FAYETTE STREET		Amount of Each Disbursement this Period 1167.52
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING - FOOD/BEVERAGE	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1917 ITEMIZED REIMBURSEMENT PAYMENT 6/22/2016
State: District:	Category/Type	

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 214 OF 220	
	<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. THOMAS & THOMAS, LLP			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016	
Mailing Address 201 E. MARKHAM STREET, SUITE 500			Amount of Each Disbursement this Period 5000.00	
City LITTLE ROCK	State AR	Zip Code 72201	Memo Item <input type="checkbox"/>	
Purpose of Disbursement ACCOUNTING & COMPLIANCE		Category/ Type		
Candidate Name			Transaction ID : SB17.I1936	
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. VOTESANE PAC			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address PO BOX 2713			Amount of Each Disbursement this Period 125.00	
City ALEXANDRIA	State VA	Zip Code 22301	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CHECK FEE		Category/ Type		
Candidate Name			Transaction ID : SB17.I1832	
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) C. VOTESANE PAC			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016	
Mailing Address PO BOX 2713			Amount of Each Disbursement this Period 300.00	
City ALEXANDRIA	State VA	Zip Code 22301	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CHECK FEE		Category/ Type		
Candidate Name			Transaction ID : SB17.I1833	
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:				

SUBTOTAL of Disbursements This Page (optional).....	5425.00
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 215 OF 220	
	<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. VOTESANE PAC		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 50.00
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement CHECK FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1834
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. VOTESANE PAC		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 50.00
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement CHECK FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1882
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) C. VOTESANE PAC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 75.00
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement CHECK FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1885
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:		

SUBTOTAL of Disbursements This Page (optional).....	175.00
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 216 OF 220	
	<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. VOTESANE PAC		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 225.00
City ALEXANDRIA	State VA Zip Code 22301	
Purpose of Disbursement CHECK FEE	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I1927

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

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

SUBTOTAL of Disbursements This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	111102.70

**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 217 OF 220	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CARLOS CURBELO CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address 8770 SUNSET DRIVE #355		Amount of Each Disbursement this Period 1000.00
City MIAMI State FL Zip Code 33173	Category/Type	
Purpose of Disbursement CONTRIBUTION - GENERAL 2016		<input type="checkbox"/> Memo Item
Candidate Name CARLOS CURBELO		Transaction ID : SB21.I1933
Office Sought: <input checked="" 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: FL District: 26		

Full Name (Last, First, Middle Initial) B. COFFMAN FOR CONGRESS 2016		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address 4950 S YOSEMITE ST F2 #511		Amount of Each Disbursement this Period 1000.00
City GREENWOOD State CO Zip Code 80111	Category/Type	
Purpose of Disbursement CONTRIBUTION - GENERAL 2016		<input type="checkbox"/> Memo Item
Candidate Name MIKE COFFMAN		Transaction ID : SB21.I1907
Office Sought: <input checked="" 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: CO District: 06		

Full Name (Last, First, Middle Initial) C. COMSTOCK FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address 6822 WEMBERLY WAY		Amount of Each Disbursement this Period 1000.00
City MC LEAN State VA Zip Code 22101	Category/Type	
Purpose of Disbursement CONTRIBUTION - GENERAL 2016		<input type="checkbox"/> Memo Item
Candidate Name BARBARA J COMSTOCK HONORABLE		Transaction ID : SB21.I1906
Office Sought: <input checked="" 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: VA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 218 OF 220
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. DOLD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 500 PARK DR		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City KENILWORTH	State IL	
Zip Code 60043	Purpose of Disbursement CONTRIBUTION - GENERAL 2016	Transaction ID : SB21.I1912
Candidate Name ROBERT JAMES DOLD JR	Category/ Type	
Office Sought: <input checked="" 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: IL District: 10		

Full Name (Last, First, Middle Initial) B. ELISE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address PO BOX 500		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City GLENS FALL	State NY	
Zip Code 12801	Purpose of Disbursement CONTRIBUTION - GENERAL 2016	Transaction ID : SB21.I1905
Candidate Name ELISE M. STEFANIK	Category/ Type	
Office Sought: <input checked="" 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: NY District: 21		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MIA LOVE		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address P.O. BOX 255		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City RIVERTON	State UT	
Zip Code 84065	Purpose of Disbursement CONTRIBUTION - GENERAL 2016	Transaction ID : SB21.I1908
Candidate Name MIA LOVE	Category/ Type	
Office Sought: <input checked="" 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: UT District: 04		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 219 OF 220			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. FRIENDS OF FRANK GUINTA		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address PO BOX 877		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.I1910
City MANCHESTER	State NH	
Zip Code 03105	Purpose of Disbursement CONTRIBUTION - GENERAL 2016	Category/ Type
Candidate Name FRANK GUINTA	Office Sought: <input checked="" 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: NH District: 01	

Full Name (Last, First, Middle Initial) B. HURD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address PO BOX 761029		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.I1902
City SAN ANTONIO	State TX	
Zip Code 78245	Purpose of Disbursement CONTRIBUTION - GENERAL 2016	Category/ Type
Candidate Name WILLIAM HURD	Office Sought: <input checked="" 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: TX District: 23	

Full Name (Last, First, Middle Initial) C. POLIQUIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address 123 SNOW POND RD		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.I1934
City OAKLAND	State ME	
Zip Code 04963	Purpose of Disbursement CONTRIBUTION - GENERAL 2016	Category/ Type
Candidate Name BRUCE L POLIQUIN	Office Sought: <input checked="" 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: ME District: 02	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 220 OF 220
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. ZELDIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 47 FLINTLOCK DRIVE		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City SHIRLEY State NY Zip Code 11967	Purpose of Disbursement CONTRIBUTION - GENERAL 2016	
Candidate Name LEE M ZELDIN	Category/Type	Transaction ID : SB21.I1911
Office Sought: <input checked="" 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: NY District: 01		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	10000.00