

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

French Hill for Arkansas

ADDRESS (number and street) PO Box 7841

Check if different than previously reported. (ACC) Little Rock AR 72217

2. **FEC IDENTIFICATION NUMBER** ▼ C C00551275

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

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

AR

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 M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

01 / 01 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Bryan Jeffrey

Signature of Treasurer Bryan Jeffrey *[Electronically Filed]* Date M M / D D / Y Y Y Y

04 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
French Hill for Arkansas

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	300133.73	870247.88
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	300133.73	870247.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	116674.16	155813.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	116674.16	155813.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	714434.84	
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).....	255297.73	803001.87
(ii) Unitemized.....	12586.00	21046.01
(iii) TOTAL of contributions from individuals ▶	267883.73	824047.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	32250.00	46200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	300133.73	870247.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	300133.73	870247.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	116674.16	155813.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	116674.16	155813.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	530975.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	300133.73
25. SUBTOTAL (add Line 23 and Line 24).....	831109.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116674.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	714434.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 208
	<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)
MRS. DOROTHY ABLES

Mailing Address **7 SHADOW LAWN STREET**

City **HOUSTON** State **TX** Zip Code **77005-1834**

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

Name of Employer **SPECTRA ENERGY** Occupation **CHIEF ADMINISTRATION OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11.1180

Amount of Each Receipt this Period
620.00
 CONTRIBUTION

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

Mailing Address **7 SHADOW LAWN STREET**

City **HOUSTON** State **TX** Zip Code **77005-1834**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2580.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11.1182

Amount of Each Receipt this Period
2580.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MIKE AKIN

Mailing Address **2122 HIGHWAY 35 WEST**

City **MONTICELLO** State **AR** Zip Code **71655-9272**

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

Name of Employer **AKIN HOSPITALITY, INC.** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
774.46

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1016

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 208
	<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. MIKE AKIN

Mailing Address 2122 HIGHWAY 35 WEST

City MONTICELLO State AR Zip Code 71655-9272

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

Name of Employer AKIN HOSPITALITY, INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **774.46**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11.1093

Amount of Each Receipt this Period
274.46

CONTRIBUTION

IN-KIND CONTRIBUTION - MONTICELLO FUNDRAISER FOOD AND BEVERAGES

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

Mailing Address 6 RIVER VALLEY ROAD

City LITTLE ROCK State AR Zip Code 72227-1505

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

Name of Employer DELTA TRUST INVESTMENTS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : SA11.780

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 6 RIVER VALLEY ROAD

City LITTLE ROCK State AR Zip Code 72227-1505

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

Name of Employer DELTA TRUST INVESTMENTS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.981

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1024.46

**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 208
	<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. BLAIR ALLEN JR.

Mailing Address 4710 CRESTWOOD DRIVE

City: LITTLE ROCK State: AR Zip Code: 72207-5436

FEC ID number of contributing federal political committee: C

Name of Employer: BEECHWOOD HOSPITALITY Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 24 / 2014

Transaction ID : SA11.903

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 3820 FOXCROFT ROAD

City: LITTLE ROCK State: AR Zip Code: 72227-2325

FEC ID number of contributing federal political committee: C

Name of Employer: J. E. ALLEN CO. Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 01 / 28 / 2014

Transaction ID : SA11.776

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. LINDSEY WATSON ALLEN

Mailing Address 30 EDGEHILL ROAD

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

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 14 / 2014

Transaction ID : SA11.1060

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 208
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. LINDSEY WATSON ALLEN

Mailing Address 30 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207-5462

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.895

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address 2116 NORTH GARFIELD

City State Zip Code
LITTLE ROCK AR 72207-3408

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

Name of Employer Occupation
BEECHWOOD HOSPITALITY PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.904

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 1317 RED BUD

City State Zip Code
PERRYVILLE AR 72126-

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

Name of Employer Occupation
P.V. MANAGEMENT INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.1169

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 208
	<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. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.1170

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SCOTT ALLISON

Mailing Address 5900 NORTH COUNTRY CLUB

City LITTLE ROCK State AR Zip Code 72207-4349

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

Name of Employer ALLISON INSURANCE AND FINANCIAL Occupation INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.877

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JEANNE G. ANDREWS

Mailing Address 8 RIVER EDGE

City LITTLE ROCK State AR Zip Code 72227-1530

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11.1005

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3350.00

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

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

FOR LINE NUMBER: PAGE 10 OF 208
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MS. DEENA BURNETT BAILEY

Mailing Address 20 ISBELL LANE

City State Zip Code
LITTLE ROCK AR 72223-5132

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 24 2014

Transaction ID : SA11.1133

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 17 COOPER LANE

City State Zip Code
CONWAY AR 72034-7935

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 28 2014

Transaction ID : SA11.757

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM L. BALL III

Mailing Address 604 JANNEY'S LANE

City State Zip Code
ALEXANDRIA VA 22302-4006

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

Name of Employer Occupation
BALL AND ASSOCIATES, LLC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 07 2014

Transaction ID : SA11.828

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 208
	<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 BARNES

Mailing Address **14 SOLOGNE COURT**

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

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

Name of Employer **B.B.A. SOLUTIONS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1113

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANK BARRY

Mailing Address **5 RIVER RIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-1519**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.995

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **83 WEST CHAMPIONS BLVD.**

City **ROGERS** State **AR** Zip Code **72758-9568**

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

Name of Employer **WAL-MART STORES, INC.** Occupation **EXECUTIVE V.P. OF CORPORATE AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.938

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 208
	<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 BARTLETT

Mailing Address 21 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207-5461

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

Name of Employer Occupation
SIMMONS FIRST NATIONAL BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.973

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 2300 N STREET NW
SUITE 1200

City State Zip Code
WASHINGTON DC 20037-1122

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

Name of Employer Occupation
TRELIANT RISK ADVISORS SENIOR ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.834

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. BARRY BASKIN

Mailing Address 4800 CRESTWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72207-5438

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.893

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 208
	<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. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 04 / 2014

Transaction ID : SA11.800

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 124 WEST CAPITOL AVENUE SUITE 1886

City: LITTLE ROCK State: AR Zip Code: 72201-3756

FEC ID number of contributing federal political committee: C

Name of Employer: IMPACT MANAGEMENT GROUP Occupation: PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 31 / 2014

Transaction ID : SA11.797

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

Mailing Address 1300 EL PASO ROAD

City: EL PASO State: AR Zip Code: 72045-9516

FEC ID number of contributing federal political committee: C

Name of Employer: BELL COMPANY Occupation: EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11.1139

Amount of Each Receipt this Period: 1500.00

CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 208
	<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. MAC BELLINGRATH

Mailing Address 18 LONGMEADOW

City State Zip Code
PINE BLUFF AR 71603-6341

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

Name of Employer Occupation
B3 PROPERTIES, INC. PRESIDENT/OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.966

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 2601 GARDEN BEND DRIVE

City State Zip Code
BENTON AR 72015-6037

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

Name of Employer Occupation
IMPACT MANAGEMENT CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1092

Amount of Each Receipt this Period
200.93
CONTRIBUTION

IN-KIND CONTRIBUTION - FUNDRAISER - SALINE COUNTY FOOD AND BEVERAGE COSTS

C. Full Name (Last, First, Middle Initial)
MR. TERRY BENHAM

Mailing Address 2601 GARDEN BEND DRIVE

City State Zip Code
BENTON AR 72015-6037

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

Name of Employer Occupation
IMPACT MANAGEMENT CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11.793

Amount of Each Receipt this Period
2141.00
CONTRIBUTION

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

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

2591.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 208
	<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. TERRY BENHAM

Mailing Address 2601 GARDEN BEND DRIVE

City BENTON State AR Zip Code 72015-6037

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

Name of Employer **IMPACT MANAGEMENT** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11.794

Amount of Each Receipt this Period
120.00

CONTRIBUTION

IN-KIND CONTRIBUTION - FACILITY RENTAL FOR FUNDRAISER

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

Mailing Address 2601 GARDEN BEND DRIVE

City BENTON State AR Zip Code 72015-6037

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

Name of Employer **IMPACT MANAGEMENT** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11.795

Amount of Each Receipt this Period
138.07

CONTRIBUTION

IN-KIND CONTRIBUTION - FOOD AND BEVERAGES FOR FUNDRAISER

C. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11.907

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1258.07

**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 208
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. STEPHANIE BIERBAUM

Mailing Address 722 PINE RIDGE DRIVE

City HAMBURG State AR Zip Code 71646-3339

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1019

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. STEPHANIE BIERBAUM

Mailing Address 722 PINE RIDGE DRIVE

City HAMBURG State AR Zip Code 71646-3339

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11.1275

Amount of Each Receipt this Period
550.00
 CONTRIBUTION

IN-KIND CONTRIBUTION - REFRIGERATOR, MICROWAVE, OFFICE WATER, FOOD AND SUPPLIES

C. Full Name (Last, First, Middle Initial)
MR. FREDDIE BLACK

Mailing Address 2247 NORTH LAKESHORE DRIVE

City LAKE VILLAGE State AR Zip Code 71653-9544

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11.1161

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 208
	<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. BEAU BLAIR

Mailing Address 1904 SHADOW LANE

City State Zip Code
LITTLE ROCK AR 72207-2018

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

Name of Employer Occupation
MCLARTY CAPITAL PARTNERS PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11.1136

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GUS BLASS II

Mailing Address 8 LONGFELLOW

City State Zip Code
LITTLE ROCK AR 72207-

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

Name of Employer Occupation
CAPITAL PROPERTIES PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11.1159

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 2911 TURTLE CREEK BLVD.
SUITE 1240

City State Zip Code
DALLAS TX 75219-6247

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

Name of Employer Occupation
TURTLE CREEK HOLDINGS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : SA11.702

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 208
	<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. SCOTTY L. BOLDING

Mailing Address P.O. BOX 8699

City State Zip Code
FAYETTEVILLE AR 72703-0011

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

Name of Employer Occupation
SELF EMPLOYED ORAL SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11.1184

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 10 NORTHWEST COURT

City State Zip Code
LITTLE ROCK AR 72212-1514

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

Name of Employer Occupation
AKAL, INC. SECURITY/FEDERAL COURTHOUSE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11.862

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 5500 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207-3733

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

Name of Employer Occupation
JOHN BORCHERT, C.P.A. C.P.A.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.849

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 208
	<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. BRUCE BORGERSEN

Mailing Address 4612 CLUB ROAD

City State Zip Code
LITTLE ROCK AR 72207-2012

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1118

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 10 RIVER GLEN CIRCLE

City State Zip Code
LITTLE ROCK AR 72202-1424

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.850

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

Mailing Address 5714 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207-4310

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.910

Amount of Each Receipt this Period
200.00
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 20 OF 208
	<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. CONNIE BOYESKIE

Mailing Address 111 WILD OAK DRIVE

City State Zip Code
SHERWOOD AR 72120-3194

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.884

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALBERT BRAUNFISCH

Mailing Address 1 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207-5443

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

Name of Employer Occupation
MAIL SOUTH EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11.790

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALBERT BRAUNFISCH

Mailing Address 1 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207-5443

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

Name of Employer Occupation
MAIL SOUTH EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11.791

Amount of Each Receipt this Period
2400.00
CONTRIBUTION

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

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

5250.00

**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 208
	<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. DALE BRIGGS

Mailing Address P.O. BOX 534

City BLYTHEVILLE State AR Zip Code 72316-0534

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

Name of Employer D.G. BRIGGS AND ASSOCIATES L.L.C. Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.1175

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 2013 NORTH SPRUCE STREET

City LITTLE ROCK State AR Zip Code 72207-4727

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

Name of Employer BROCKINGTON S. MARK AND ASSOCIATES Occupation INSURANCE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.1127

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. OAKLEY BROOKS

Mailing Address 3032 CAMBRIDGE PLACE NW

City WASHINGTON State DC Zip Code 20007-2913

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

Name of Employer NATIONAL AIR CARRIER ASSOCIATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.808

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 208	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN BROWN

Mailing Address **14 LONGFELLOW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3750**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2014

Transaction ID : SA11.1057

Amount of Each Receipt this Period

400.00

CONTRIBUTION

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

Mailing Address **6900 SHERIDAN ROAD**

City **WHITE HALL** State **AR** Zip Code **71602-3212**

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

Name of Employer **THOMAS E BROWN ATTORNEYS-LAW** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2014

Transaction ID : SA11.1040

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

Mailing Address **214 GIBSON POINT**

City **SOLANA BEACH** State **CA** Zip Code **92075-4200**

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

Name of Employer **ENSO CAPITAL MANAGEMENT L.L.C.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		04		2014

Transaction ID : SA11.931

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 208
	<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 BYRD

Mailing Address 1607 NORTH MAIN

City State Zip Code
HAMBURG AR 72646-

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

Name of Employer Occupation
BYRD LAW FIRM ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11.1011

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 1607 NORTH MAIN

City State Zip Code
HAMBURG AR 72646-

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

Name of Employer Occupation
BYRD LAW FIRM ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11.858

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 29 PINEHURST CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-3432

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 21 / 2014

Transaction ID : SA11.729

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

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

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

4400.00

**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 208
	<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. NINA CAMERON

Mailing Address **29 PINEHURST CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-3432**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11.730

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 21440**

City **LITTLE ROCK** State **AR** Zip Code **72221-1440**

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

Name of Employer **MOUNTAINAIRE CORP.** Occupation **C.E.O.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11.731

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RONALD M. CAMERON

Mailing Address **P.O. BOX 21440**

City **LITTLE ROCK** State **AR** Zip Code **72221-1440**

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

Name of Employer **MOUNTAINAIRE CORP.** Occupation **C.E.O.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11.732

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

7600.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 25 OF 208

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. CRAIG D. CAMPBELL
 Mailing Address P.O. BOX 34367
 City State Zip Code
 LITTLE ROCK AR 72203-4367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STEPHENS GROUP INVESTMENTS
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 11 2014
Transaction ID : SA11.843
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH S. CAMPBELL
 Mailing Address P.O. BOX 34367
 City State Zip Code
 LITTLE ROCK AR 72203-4367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 11 2014
Transaction ID : SA11.844
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KEVIN CANFIELD
 Mailing Address 2944 SHADOW CREST LANE
 City State Zip Code
 SPRINGDALE AR 72762-7449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 K.C.C. ENTERPRISES COLUMNIST, AUTHOR, AND CONSULTANT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 04 2014
Transaction ID : SA11.953
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

5450.00

**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 208
	<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 J. CARAPIET

Mailing Address 2715 O STREET NW

City WASHINGTON State DC Zip Code 20007-3128

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

Name of Employer BOARD OF GOVERNORS OF THE FEDERAL Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.1273

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1901 W. BEEBE CAPPS EXPY

City SEARCY State AR Zip Code 72143-5012

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

Name of Employer CARGIE INSURANCE AGENCY INC. Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 24 / 2014

Transaction ID : SA11.743

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALLEN CARNEY JR.

Mailing Address 2620 NORTH PIERCE STREET

City LITTLE ROCK State AR Zip Code 72207-3623

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

Name of Employer CARNEY, BATES, PULLIAM P.L.L.C. Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11.1134

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 208
	<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. JAMES CARR

Mailing Address 111 POST OAK

City State Zip Code
SEARCY AR 72143-4538

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

Name of Employer Occupation
HARDING UNIVERSITY VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11.742

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARTY DALE CASTEEL

Mailing Address 1023 WEST 50TH

City State Zip Code
PINE BLUFF AR 71603-7301

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

Name of Employer Occupation
SIMMONS FIRST NATIONAL BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1033

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BEATRICE CHAPMAN

Mailing Address 33 HICKORY HILLS CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2766

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11.908

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 28 OF 208
(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 A. CHARLES

Mailing Address 2548 DUNBAR DRIVE

City State Zip Code
MCKINNEY TX 75070-9128

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 31 2014

Transaction ID : SA11.1187

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDDIE CHOATE

Mailing Address 361 PIPPINPOST DRIVE

City State Zip Code
CONWAY AR 72034-5526

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

Name of Employer Occupation
DELTA DENTAL OF ARKANSAS PRESIDENT & C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 30 2014

Transaction ID : SA11.786

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TOMMY CLEMENTS III

Mailing Address 104 SOMERSETT LANE

City State Zip Code
ROLAND AR 72135-9040

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

Name of Employer Occupation
ARKANSAS AUTOMATIC SPRINKLERS CHIEF EXECUTIVE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 20 2014

Transaction ID : SA11.871

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 29 OF 208
(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. CHUCK CLIETT
 Mailing Address 425 WEST CAPITOL AVENUE
 SUITE 1800
 City Little Rock State AR Zip Code 72201-3525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MITCHELL WILLIAMS Occupation ATTORNEY AT LAW
 Receipt For: 2014
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014
Transaction ID : SA11.881
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ELLON COCKRILL
 Mailing Address 2305 NORTH SPRUCE
 City Little Rock State AR Zip Code 72207-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.A.M.S. Occupation VOLUNTEERS AND DEVELOPMENT
 Receipt For: 2014
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014
Transaction ID : SA11.876
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. HOWARD COCKRILL JR.
 Mailing Address 50 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: 2014
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014
Transaction ID : SA11.911
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

1800.00

**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 208	
	<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 COLE

Mailing Address 12700 BART MORELAND DRIVE

City ROLAND State AR Zip Code 72135-9393

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

Name of Employer METHODIST FAMILY HEALTH Occupation C.F.O./C.P.A.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11.978

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 277

City AUGUSTA State AR Zip Code 72006-0277

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

Name of Employer ARKANSAS CARE Occupation CHEIF EXECUTIVE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.1211

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 10 RIVER VIEW POINT

City LITTLE ROCK State AR Zip Code 72227-1516

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

Name of Employer COMBS AND COMPANY Occupation ADVERTISING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.996

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 208
(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. BRETT S. COMBS

Mailing Address 301 BARNSIDE LANE

City State Zip Code
EUREKA MO 63025-1649

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

Name of Employer Occupation
COMBS INDUSTRY, INC. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.1158

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JAMES S. COMERFORD

Mailing Address 43 RIVER RIDGE ROAD

City State Zip Code
LITTLE ROCK AR 72227-1525

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1000

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 903 NORTH 47TH STREET

City State Zip Code
ROGERS AR 72756-9622

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

Name of Employer Occupation
COOPER COMMUNITIES, INC. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.1148

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 208
	<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 S. COPAS

Mailing Address 15 HICKORY HILLS CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2766

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

Name of Employer Occupation
BALDWIN AND SHELL CONSTRUCTION COM C.E.O

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1123

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY P. COSTELLO

Mailing Address 3640 STRATFORD AVENUE

City State Zip Code
DALLAS TX 75205-2811

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

Name of Employer Occupation
NEWSTONE CAPITAL PARTNERS MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11.715

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 131 VALLEY CLUB CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2911

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

Name of Employer Occupation
ST. MARKS DAY SCHOOL TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1116

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 208
	<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. ROBERT COVINGTON

Mailing Address **2 LENON PLACE**

City **LITTLE ROCK** State **AR** Zip Code **72207-5422**

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

Name of Employer **STEPHENS GROUP** Occupation **VENTURE CAPITAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11.1028

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **21 EL DORADO**

City **LITTLE ROCK** State **AR** Zip Code **72212-2813**

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

Name of Employer **HENDRIX COLLEGE** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11.770

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HAL CRAFTON

Mailing Address **P.O. BOX 10482**

City **CONWAY** State **AR** Zip Code **72034-0007**

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

Name of Employer **RUSH-HAL PROPERTIES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1111

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

**IN-KIND CONTRIBUTION - FUNDRAISER - CONWAY
 EVENT SEVEN COUNTY TOUR FOOD AND
 BEVERAGES**

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 34 OF 208
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. HAL CRAFTON

Mailing Address P.O. BOX 10482

City State Zip Code
CONWAY AR 72034-0007

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

Name of Employer Occupation
RUSH-HAL PROPERTIES OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11.761

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. GINGER A. CREWS

Mailing Address 20 ARMISTEAD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5428

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.1176

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address 11261 TALAMORE BLVD.

City State Zip Code
BENTONVILLE AR 72712-9042

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

Name of Employer Occupation
WAL-MART STORES, INC. V.P. CORPORATE AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.944

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 208
	<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. BUD CUMMINS

Mailing Address 1700 NORTH PALM

City State Zip Code
LITTLE ROCK AR 72207-5456

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.1077

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM JACKSON CURRIE

Mailing Address P.O. BOX 160

City State Zip Code
WILMOT AR 71676-0160

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

Name of Employer Occupation
SELF EMPLOYED AGRICULTURE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1023

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CARY CURZON

Mailing Address 56 EPERNAY CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-5527

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

Name of Employer Occupation
DELTA TRUST INSURANCE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1125

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 208
	<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. CARY CURZON

Mailing Address 56 EPERNAY CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-5527

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

Name of Employer Occupation
DELTA TRUST INSURANCE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2014

Transaction ID : SA11.725

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 4436 FAIRFAX AVENUE

City State Zip Code
DALLAS TX 75205-3028

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

Name of Employer Occupation
DALLAS PRODUCTION INC. PRESIDENT AND C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11.804

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 7691 SHORE PLACE

City State Zip Code
NORTH LITTLE ROCK AR 72118-5311

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

Name of Employer Occupation
AMERICAN IMAGING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.865

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 208
	<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. LILLIAN D. DAVENPORT

Mailing Address 4612 CLUB ROAD

City State Zip Code
LITTLE ROCK AR 72207-2012

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

Name of Employer Occupation
DELTA TRUST AND BANK TRUST ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.890

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY P. DAVEN

Mailing Address 47 LEDGER LAWN DRIVE

City State Zip Code
LITTLE ROCK AR 72212-2622

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

Name of Employer Occupation
COMMODITY RISK MANAGEMENT, INC. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1190

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TIMOTHY P. DAVEN

Mailing Address 47 LEDGER LAWN DRIVE

City State Zip Code
LITTLE ROCK AR 72212-2622

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

Name of Employer Occupation
COMMODITY RISK MANAGEMENT, INC. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1191

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 38 OF 208
(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. DAN DAVIDSON

Mailing Address **7 EDGEHILL ROAD**

City State Zip Code
SEARCY AR 72143-9488

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
01 24 2014

Transaction ID : SA11.740

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES HAMILTON DAVISON

Mailing Address **33 HAZARD AVE.**

City State Zip Code
PROVIDENCE RI 02906-3325

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 27 2014

Transaction ID : SA11.1173

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. GLENN DAVIS

Mailing Address **18 E PALISADES DRIVE**

City State Zip Code
LITTLE ROCK AR 72207-1904

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

Name of Employer Occupation
KUMPURIS DAVIS MALIK PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 25 2014

Transaction ID : SA11.1145

Amount of Each Receipt this Period
750.00
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 208
	<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 DAVIS

Mailing Address **7 SUNSET DRIVE**

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

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

Name of Employer **CLEARVIEW INTERNATIONAL** Occupation **VICE CHAIRMAN, C.F.O.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.936

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **36 RIVER RIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-1520**

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

Name of Employer **DEER PENICK EYE CLINIC** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.980

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **8463 EAST PLENTYWOOD ROAD**

City **BENTONVILLE** State **AR** Zip Code **72712-8843**

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

Name of Employer **WAL-MART STORES, INC.** Occupation **V.P. & DIVISIONAL GENERAL COUNSEL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.954

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 208
	<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. REMMEL T. DICKINSON

Mailing Address **2 TREE TOPS LANE**
802

City **LITTLE ROCK** State **AR** Zip Code **72202-1660**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.977

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **2115 NORTH SPRUCE STREET**

City **LITTLE ROCK** State **AR** Zip Code **72207-4729**

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

Name of Employer **MCGEORGE CONTRACTING** Occupation **GENERAL MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : SA11.1073

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TONY DILLON

Mailing Address **20 OVERLOOK DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72207-1612**

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

Name of Employer **THE DILLON GROUP CUSTOM HOMES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.916

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 208
	<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. PAT DODSON

Mailing Address **10 LONGFELLOW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3750**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.933

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **6900 SKYWOOD**

City **LITTLE ROCK** State **AR** Zip Code **72207-1745**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.913

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN C. DONEHOO

Mailing Address **1700 MONTAFIA LANE**

City **VIENNA** State **VA** Zip Code **22182-1987**

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

Name of Employer **MCLARTY ASSOCIATES** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.812

Amount of Each Receipt this Period
500.00
 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 42 OF 208
	<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. JIM DOTY

Mailing Address 1666 K STREET NW

City WASHINGTON State DC Zip Code 20006-2801

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

Name of Employer P.C.A.O.B. Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11.901

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDDIE DRILLING

Mailing Address 1 GREENBRIER ROAD

City LITTLE ROCK State AR Zip Code 72202-1903

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

Name of Employer AT&T INC. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.1201

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNETH DUBERSTEIN

Mailing Address 2100 PENNSYLVANIA AVENUE NW
SUITE 500

City WASHINGTON State DC Zip Code 20037-3204

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

Name of Employer THE DUBERSTEIN GROUP, INC. Occupation CHAIRMAN AND C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.833

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 208
	<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. HELEN R. DUBOIS

Mailing Address 1545 35TH STREET NW

City State Zip Code
WASHINGTON DC 20007-2753

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11.1141

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 20 HESKETH STREET

City State Zip Code
CHEVY CHASE MD 20815-4225

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

Name of Employer Occupation
COVINGTON & BURLING L.L.P. ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.825

Amount of Each Receipt this Period
1100.00
CONTRIBUTION

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

Mailing Address 3190 MAJESTIC CIRCLE

City State Zip Code
CONWAY AR 72034-9670

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11.762

Amount of Each Receipt this Period
250.00
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 44 OF 208
	<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. ROBERT M. DUNCAN

Mailing Address P.O. BOX 331

City State Zip Code
WASHINGTON DC 20044-0331

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

Name of Employer Occupation
INEZ DEPOSIT BANK PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.819

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 331

City State Zip Code
WASHINGTON DC 20044-0331

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

Name of Employer Occupation
INEZ DEPOSIT BANK PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.830

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE H. DUNKLIN JR.

Mailing Address P.O. BOX 586

City State Zip Code
DEWITT AR 72042-0586

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11.1042

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 208
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 150 HICKORY CREEK CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2511

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1188

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CARRIE HENDRIX EICKENROHT

Mailing Address 11752 DUART DRIVE

City State Zip Code
HOUSTON TX 77024-2619

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

Name of Employer Occupation
SELF EMPLOYED CONSULTANT TO CHARITIES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11.754

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 22 CANYON RIDGE COURT

City State Zip Code
LITTLE ROCK AR 72223-5982

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11.1162

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 208
	<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 ENGSTROM

Mailing Address 29 FOXHUNT TRAIL

City State Zip Code
LITTLE ROCK AR 72227-2445

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

Name of Employer Occupation
ENGSTROM & ASSOCIATION ENGINEERING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11.736

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. TERRI ERWIN

Mailing Address 17 GLENRIDGE

City State Zip Code
LITTLE ROCK AR 72227-2229

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1120

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE HON. DONALD EVANS

Mailing Address P.O. BOX 50990

City State Zip Code
MIDLAND TX 79710-0990

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

Name of Employer Occupation
SELF EMPLOYED FORMER SECRETARY OF COMMERCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.898

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 208
	<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. DUKE FAKOURI

Mailing Address 15 SOUTHERN PINES

City State Zip Code
PINE BLUFF AR 71602-4732

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

Name of Employer Occupation
M.K. DISTRIBUTORS, INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1039

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. KATHERINE L. FAULK

Mailing Address P.O. BOX 22642

City State Zip Code
LITTLE ROCK AR 72221-2642

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

Name of Employer Occupation
K.L.F. & COMPANY PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.937

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. DANIEL FELTON

Mailing Address 5324 SHERWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5332

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

Name of Employer Occupation
LITTLE ROCK FAMILY PRACTICE PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.929

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 208
	<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 H. FELTON III

Mailing Address **6 WEST CHESNUT STREET**

City **MARIANNA** State **AR** Zip Code **72360-2258**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : SA11.700

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES T. FERSTL

Mailing Address **5820 SCENIC DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72207-2831**

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

Name of Employer **FERSTL VALUATION SERVICES** Occupation **REAL ESTATE CONSULTING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11.847

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ELMER L. FLUCHT

Mailing Address **136 CHEROKEE DRIVE**

City **MAUMELLE** State **AR** Zip Code **72113-7402**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.864

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 208
	<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. MOZELLA DEES FLUCHT

Mailing Address 136 CHEROKEE DRIVE

City MAUMELLE State AR Zip Code 72113-7402

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11.889

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 2223 N ORIC

City ARLINGTON State VA Zip Code 22209-

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

Name of Employer RAYTHEON COMPANY Occupation DIRECTOR OF PROGRAM SECURITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.810

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 5300 EDGEWOOD ROAD

City LITTLE ROCK State AR Zip Code 72207-5308

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

Name of Employer CIRCUMFERENCE GROUP Occupation FOUNDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.1076

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 208
	<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. MELANIE FOX

Mailing Address 5300 EDGEWOOD

City State Zip Code
LITTLE ROCK AR 72207-5308

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.1078

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MILDRED FRANCO

Mailing Address P.O. BOX 2558

City State Zip Code
PINE BLUFF AR 71613-2558

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

Name of Employer Occupation
CHI COMPUTERS AND SOLUTIONS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.1080

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MIKE FREEZE

Mailing Address P.O. BOX 166

City State Zip Code
KEO AR 72083-0166

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

Name of Employer Occupation
KEO FISH FARMER FISH FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11.919

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

3350.00

**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 208
	<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. PAM GADBERRY

Mailing Address **425 WEST CAPITOL SUITE 3500**

City **LITTLE ROCK** State **AR** Zip Code **72201-3405**

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

Name of Employer **GADBERRY FINANCIAL GROUP** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.878

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **916 PARKWAY DRIVE**

City **WHITE HALL** State **AR** Zip Code **71602-2967**

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

Name of Employer **SIMMONS FIRST NATIONAL BANK** Occupation **S.V.P., CONTROLLER AND CHIEF ACCOUNT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1035

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JENNIFER C. GAYNOR

Mailing Address **5331 16TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20011-3617**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.1079

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 208
	<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 J. GEARHART

Mailing Address 41 PINNACLE DRIVE

City State Zip Code
ROGERS AR 72758-8831

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

Name of Employer Occupation
WAL-MART STORES, INC. V.P. GLOBAL GOVERNANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.947

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KENNY GIBBS

Mailing Address 15 FONTENAY

City State Zip Code
LITTLE ROCK AR 72223-9569

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

Name of Employer Occupation
MERRILL LYNCH FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1096

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 324 E STREET NE

City State Zip Code
WASHINGTON DC 20002-4925

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

Name of Employer Occupation
PALMETTO GROUP ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.816

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 53 OF 208
(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. MARY GOOD

Mailing Address 14300 CHENAL PARKWAY
#7258

City Little Rock State AR Zip Code 72211-5834

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

Name of Employer UNIVERSITY OF ARKANSAS LITTLE ROCK Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.1207

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1908 N. SPRUCE

City Little Rock State AR Zip Code 72207-4718

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

Name of Employer ARKANSAS UROLOGY Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11.926

Amount of Each Receipt this Period
 800.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 460

City POTTSVILLE State AR Zip Code 72858-0460

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

Name of Employer QUAILTY COMMUNICATION Occupation CABLE SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11.720

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1800.00

**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 208
	<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. JAMES GRAHAM

Mailing Address 5315 TIMBER CREEK CIRCLE

City NORTH LITTLE ROCK State AR Zip Code 72116-6493

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.1152

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIM GRAHAM

Mailing Address 2468 NORTH 56TH STREET

City SPRINGDALE State AR Zip Code 72762-0169

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

Name of Employer HUNT VENTURES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11.943

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 4640 BAY HILL DRIVE

City CONWAY State AR Zip Code 72034-8198

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11.925

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 208
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. KATHRYN LAWSON GRIFFIN

Mailing Address 420 MIDLAND STREET

City State Zip Code
LITTLE ROCK AR 72205-4177

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11.708

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SCOTT GRIGSBY

Mailing Address 87 DOGWOOD DRIVE

City State Zip Code
BELLA VISTA AR 72715-8138

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

Name of Employer Occupation
ARVEST PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.948

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HOLCOMB GUNN

Mailing Address 5423 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207-3751

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.932

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 208
	<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. FRANK J. GUYOL III

Mailing Address 9707 CONWAY ROAD

City SAINT LOUIS State MO Zip Code 63124-1668

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11.773

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 3 SAVERNE CIRCLE

City LITTLE ROCK State AR Zip Code 72223-9225

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

Name of Employer THE HALL GROUP Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.1084

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1510 WILLOW CREEK CV

City CONWAY State AR Zip Code 72034-7565

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

Name of Employer NABHOLZ CONSTRUCTION Occupation CHAIRMAN OF THE BOARD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11.760

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 208
	<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. ELLEN HARDIN

Mailing Address 13 VALLEY CLUB CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-3436

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.1248

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 12 REDCOAT LANE

City State Zip Code
LITTLE ROCK AR 72227-2337

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

Name of Employer Occupation
EAST HARDING INC. GENERAL CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.1027

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES V. HARKINS

Mailing Address 7 SANDSTONE COURT

City State Zip Code
LITTLE ROCK AR 72227-5815

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

Name of Employer Occupation
FLAKE AND KELLY COMMERCIAL PARTNER AND EXECUTIVE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11.1104

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 208
	<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 D. HARRELL

Mailing Address 3330 NICKLAUS

City CONWAY State AR Zip Code 72034-7300

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

Name of Employer SOUTHWESTERN ENERGY COMPANY Occupation BUSINESS SOLUTIONS SUPERINTENDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11.768

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACK HARVEY

Mailing Address 2201 NORTH SPRUCE

City LITTLE ROCK State AR Zip Code 72207-4731

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

Name of Employer ENTERPRISE FINANCIAL SOLUTIONS Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.870

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD B. HATFIELD

Mailing Address 7 WATERVIEW COURT

City LITTLE ROCK State AR Zip Code 72223-4490

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11.956

Amount of Each Receipt this Period
 375.00

CONTRIBUTION

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

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

1125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 208
	<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. DEWAYNE HAYNES

Mailing Address P.O. BOX 157

City: WILMOT State: AR Zip Code: 71676-0157

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 01 / 24 / 2014

Transaction ID : SA11.741

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 8 MENDEN LANE

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

FEC ID number of contributing federal political committee: C

Name of Employer: ARKANSAS CAPITAL GROUP Occupation: INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 20 / 2014

Transaction ID : SA11.1094

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

Mailing Address 5230 SHADOW LANE

City: ROGERS State: AR Zip Code: 72758-8174

FEC ID number of contributing federal political committee: C

Name of Employer: WAL-MART STORES, INC. Occupation: V.P. SHOWS AND EVENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 04 / 2014

Transaction ID : SA11.946

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 208
	<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. BILLY E. HIBBS JR.

Mailing Address 6708 HOLLYTREE CIRCLE

City State Zip Code
TYLER TX 75703-5777

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

Name of Employer Occupation
HEARTLAND SECURITY INSURANCE GROU C.E.O. AND CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11.1160

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANK D. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.999

Amount of Each Receipt this Period
2600.00
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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.1247

Amount of Each Receipt this Period
2400.00
CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 208
	<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. HERREN C. HICKINGBOTHAM

Mailing Address 11300 NORTH RODNEY PARHAM ROAD
SUITE 300

City Little Rock State AR Zip Code 72212-4105

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

Name of Employer HICKINGBOTHAM INVESTMENTS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.998

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHUCK HIGGINS

Mailing Address 4245 JAMESBOROUGH PLACE

City Nashville State TN Zip Code 37215-3614

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

Name of Employer EDGE GROUP, INC. Occupation CONSULTING ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.1171

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARTHA HILL

Mailing Address 7 CANTRELL ROAD

City Little Rock State AR Zip Code 72207-2005

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

Name of Employer MITCHELL WILLIAMS LAW FIRM Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
403.81

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11.749

Amount of Each Receipt this Period
103.81

CONTRIBUTION

IN-KIND CONTRIBUTION - CANDY FOR BIG BUCK CLASSIC

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

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

3203.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 208
	<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. DOUGLAS L. HIRT

Mailing Address 5039
HILL OLACE DRIVE

City NASHVILLE State TN Zip Code 37205-2706

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2014

Transaction ID : SA11.1185

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 3239 38TH STREET NW

City WASHINGTON State DC Zip Code 20016-3728

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.818

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 2 VINTAGE POINT

City ROGERS State AR Zip Code 72758-9564

FEC ID number of contributing federal political committee. C

Name of Employer WAL-MART STORES, INC. Occupation EXECUTIVE VICE PRESIDENT/CHIEF FINAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.1085

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 208
	<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. LINDA HOLMES

Mailing Address **5 BENT TREE DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2504**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.874

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM R. HOLMES

Mailing Address **6 BORDEAUX CT.**

City **LITTLE ROCK** State **AR** Zip Code **72211-6208**

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

Name of Employer **ARKANSAS BANKERS ASSOCIATION** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.971

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.867

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 64 OF 208
(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. PAUL HORNE

Mailing Address 9310 GWYNN HOLLOW COVE

City State Zip Code
GERMANTOWN TN 38139-5687

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

Name of Employer Occupation
GEORGIA PACIFIC R.&D.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 31 2014

Transaction ID : SA11.1205

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 28 BRETAGNE CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-9136

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

Name of Employer Occupation
BUCHAN LAW FIRM ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 04 2014

Transaction ID : SA11.958

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 5600 SUNSET LANE

City State Zip Code
INDIANAPOLIS IN 46228-1446

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 28 2014

Transaction ID : SA11.753

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 208
	<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 H. HUDSON JR.

Mailing Address 5543 STANFORD DRIVE

City NASHVILLE State TN Zip Code 37215-4237

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.1167

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRANDON HUFFMAN

Mailing Address 1210 ALDERSGATE ROAD

City LITTLE ROCK State AR Zip Code 72205-6606

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

Name of Employer HUFFMAN DRYWALL COMPANY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.1117

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CRAIG HUNT

Mailing Address 1024 WEST 50TH AVE.

City PINE BLUFF State AR Zip Code 71603-7302

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

Name of Employer SIMMONS FIRST NATIONAL BANK Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11.1048

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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 66 OF 208
	<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. DORSEY W. JACKSON

Mailing Address 2406 NORTH TAYLOR STREET

City State Zip Code
LITTLE ROCK AR 72207-3625

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11.713

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT H. JANES III

Mailing Address 1704 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
STEPHENS INC. BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1025

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRYAN JEFFREY

Mailing Address 4909 EAST CRESTWOOD DRIVE

City State Zip Code
LITTLE ROCK AR 72207-5407

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

Name of Employer Occupation
J.P.M.S. COX C.P.A.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11.1072

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 67 OF 208
(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. PHILLIP JETT JR.

Mailing Address **26 ST. ANDREWS DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2909**

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

Name of Employer **IBERIA BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.963

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **5101 EDGEWOOD ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-5411**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11.1006

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GERALD JOHNSON

Mailing Address **2821 ALLIANCE PLACE
SUITE 1**

City **SPRINGDALE** State **AR** Zip Code **72764-6396**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.897

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 208
	<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. MARK JOHNSON

Mailing Address 23616 KANIS ROAD

City State Zip Code
LITTLE ROCK AR 72223-9250

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

Name of Employer Occupation
MARK D. JOHNSON AND ASSOCIATES CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.872

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TRACEY JONES

Mailing Address 17 SOMERSETT DRIVE

City State Zip Code
ROLAND AR 72135-9038

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

Name of Employer Occupation
INTERMEC TECHNOLOGIES SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.873

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 2400 COTTONDALE LANE

City State Zip Code
LITTLE ROCK AR 72202-2020

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

Name of Employer Occupation
SIGNAL MEDIA EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11.711

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 208
	<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. KENNETH JUSTER

Mailing Address 15 WEST 63RD STREET
25A

City State Zip Code
NEW YORK NY 10023-7143

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

Name of Employer Occupation
WARBURG PINCUS L.L.C. ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.902

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY P. KEBBE

Mailing Address 217 WAGNER AVENUE

City State Zip Code
MAMARONECK NY 10543-2835

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

Name of Employer Occupation
LAW OFFICES OF TIMOTHY KEBBE ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1204

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 7 LACELLE COURT

City State Zip Code
LITTLE ROCK AR 72223-9202

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

Name of Employer Occupation
KEET MANAGEMENT COMPANY PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11.1155

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 70 OF 208
(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. BOBBIE G. KILBERG
 Mailing Address 6703 WEMBERLY WAY
 City State Zip Code
 MCLEAN VA 22101-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NORTHERN VIRGINIA TECHNOLOGY COUNCIL C.E.O.
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014
Transaction ID : SA11.806
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD B. KLEY
 Mailing Address 4879 PRESTWICK SOUTH CIRCLE
 City State Zip Code
 FAYETTEVILLE AR 72704-6060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BOLD DENTAL MANAGEMENT, P.L.L.C. C.E.O.
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014
Transaction ID : SA11.950
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAY KOONE
 Mailing Address 2 RIVER OAKS CIRCLE
 City State Zip Code
 LITTLE ROCK AR 72207-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11.1007
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

1250.00

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

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

FOR LINE NUMBER: PAGE 71 OF 208
(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. KAREN KOZLOWSKI

Mailing Address **2 ARMISTEAD ROAD**

City State Zip Code
LITTLE ROCK AR 72207-5428

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 17 2014

Transaction ID : SA11.1086

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **44 INVERNESS CIRCLE**

City State Zip Code
LITTLE ROCK AR 72212-2928

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 07 2014

Transaction ID : SA11.993

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WALTER L. KUNAU

Mailing Address **538 PRIMROSE WAY**

City State Zip Code
LOUISVILLE KY 40206-2964

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

Name of Employer Occupation
SELF EMPLOYED INDEPENDENT WRITING AND EDITING PRO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 31 2014

Transaction ID : SA11.1197

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 208
	<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. CRAIG LABARAGE

Mailing Address 111 NORTH FORSYTH BLVD

City Clayton State MO Zip Code 63105-3613

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11.859

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. 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 LAIDLAW AND LACY COMMERCIAL BUILDING Occupation REAL ESTATE MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.988

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1801 NE CHAPEL HILL DRIVE

City BENTONVILLE State AR Zip Code 72712-8441

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

Name of Employer WAL-MART STORES, INC. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11.915

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 208
	<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. SANDY LANDERS

Mailing Address 153 HICKORY CREEK CIRCLE

City State Zip Code
LITTLE ROCK AR 72212-2515

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1213

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TREVOR LAVY

Mailing Address 5158 TURNHOUSE CIRCLE

City State Zip Code
FAYETTEVILLE AR 72704-6065

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

Name of Employer Occupation
PRIORITY BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11.1135

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address P.O. BOX 425

City State Zip Code
BENTONVILLE AR 72712-0425

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

Name of Employer Occupation
LAWCO ENERGY GROUP CHAIRMAN AND C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.965

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 208
	<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. HARRY LEGGETT JR.

Mailing Address 303 HICKORY CREEK COURT

City State Zip Code
LITTLE ROCK AR 72212-2501

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.961

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. CHARLES W. LOGAN M.D

Mailing Address 4820 STONEWALL RD

City State Zip Code
LITTLE ROCK AR 72207-4734

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

Name of Employer Occupation
ARKANSAS UROLOGY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11.1071

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUSIE LOWTHER

Mailing Address 4 CLEVELAND CIRCLE

City State Zip Code
LITTLE ROCK AR 72207-6305

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

Name of Employer Occupation
MT. ST. MARY'S FOUNDATION FUNDRAISING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11.722

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 208
	<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. TOM LUNDSTRUM

Mailing Address 1327 ELM SPRINGS ROAD

City SPRINGDALE State AR Zip Code 72762-9119

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

Name of Employer CHEM STATION Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11.930

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1708 N PALM

City LITTLE ROCK State AR Zip Code 72207-5456

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

Name of Employer MAGGIE MABREY EYE CLINIC Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11.1088

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUE MACLAY

Mailing Address 4401 HIGHLAND DRIVE

City DALLAS State TX Zip Code 75205-3817

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11.707

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 208
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. GEORGE A. MAKRIS JR.

Mailing Address 900 W. 46TH #7

City PINE BLUFF State AR Zip Code 71603-7164

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

Name of Employer SIMMONS FIRST NATIONAL BANK Occupation C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1030

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JASON MANN

Mailing Address 73 VILLAS CIRCLE

City LITTLE ROCK State AR Zip Code 72223-5190

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

Name of Employer USABLE LIFE Occupation INSURANCE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11.1157

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JILL ANDERSON MARSDEN

Mailing Address 916 CLUB STATION DRIVE NE

City ATLANTA State GA Zip Code 30319-1155

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

Name of Employer SELF EMPLOYED Occupation WARDROBE STYLIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.1166

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 208
	<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. L. LYNN MARSHALL

Mailing Address 322 CYPRESS CREEK ROAD

City State Zip Code
SCOTT AR 72142-9008

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

Name of Employer Occupation
MNB BANCSHARES, INC. CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1053

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.992

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. 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 AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.822

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 208
	<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. LORI MARVIN

Mailing Address 11 RUBA COURT

City State Zip Code
LITTLE ROCK AR 72223-9135

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.1149

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 3505 TURTLE CREEK BLVD. 16B

City State Zip Code
DALLAS TX 75219-5562

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11.721

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GENE MASON

Mailing Address 1 TREETOPS #204

City State Zip Code
LITTLE ROCK AR 72202-1677

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11.1064

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 208
	<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. RICHARD MASSEY

Mailing Address 900 S SHACKLEFORD ROAD
SUITE 200

City Little Rock State AR Zip Code 72211-3847

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

Name of Employer WESTROCK CAPITAL PARTNERS Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.921

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARVIN H. MAURRAS

Mailing Address P.O. BOX 21258

City Little Rock State AR Zip Code 72221-1258

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1170.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.1107

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARVIN H. MAURRAS

Mailing Address P.O. BOX 21258

City Little Rock State AR Zip Code 72221-1258

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1170.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.1108

Amount of Each Receipt this Period
 420.00
 CONTRIBUTION

IN-KIND CONTRIBUTION - FUNDRAISER - FOOD AND BEVERAGES

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

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

3270.00

**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 208
	<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. THOMAS MAY

Mailing Address 501 MAIN STREET

City State Zip Code
PINE BLUFF AR 71601-4327

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

Name of Employer Occupation
SIMMONS FIRST NATIONAL BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11.1046

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 5614 EDGEWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5314

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11.892

Amount of Each Receipt this Period
 250.00
 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 AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11.1074

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 81 OF 208
(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 MCCLENDON

Mailing Address 189 ALLEN DRIVE

City State Zip Code
MONTICELLO AR 71655-4476

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

Name of Employer Occupation
DREW COTTON SEED OIL MILL EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1474.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1010

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 189 ALLEN DRIVE

City State Zip Code
MONTICELLO AR 71655-4476

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

Name of Employer Occupation
DREW COTTON SEED OIL MILL EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1474.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1013

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

Mailing Address 189 ALLEN DRIVE

City State Zip Code
MONTICELLO AR 71655-4476

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

Name of Employer Occupation
DREW COTTON SEED OIL MILL EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1474.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1091

Amount of Each Receipt this Period
274.46

CONTRIBUTION

IN-KIND CONTRIBUTION - FUNDRAISER - MONTICELLO FOOD AND BEVERAGES

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

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

1474.46

**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 82 OF 208	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. ROBIN MCCLENDON

Mailing Address **145 WEST BOLLING STREET**

City **MONTICELLO** State **AR** Zip Code **71655-5503**

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

Name of Employer **SEA ARK BOATS** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1021

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ZACH MCCLENDON JR.

Mailing Address **P.O. BOX 270**

City **MONTICELLO** State **AR** Zip Code **71657-0270**

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

Name of Employer **UNION BANK AND TRUST** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1017

Amount of Each Receipt this Period
750.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER MCCROSKEY

Mailing Address **143 COWBOY TRAIL**

City **DURANGO** State **CO** Zip Code **81303-8259**

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

Name of Employer **IDEA LOOP** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11.1002

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 208
	<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 MCDONIEL

Mailing Address 71 PEBBLE BEACH DRIVE

City State Zip Code
LITTLE ROCK AR 72212-2825

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.955

Amount of Each Receipt this Period
375.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CATHY MCGLOTHIN

Mailing Address 2713 CALICO CREEK DRIVE

City State Zip Code
NORTH LITTLE ROCK AR 72116-7645

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

Name of Employer Occupation
C.B.M. CONSTRUCTION COMPANY CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.997

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 2418 N. JACKSON

City State Zip Code
LITTLE ROCK AR 72207-3716

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11.801

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

3225.00

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

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

FOR LINE NUMBER: PAGE 84 OF 208
(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. LESTER MCKINLEY

Mailing Address P.O. BOX 446

City DEWITT State AR Zip Code 72042-0446

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

Name of Employer FARELLY LAKE COMPANY Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11.976

Amount of Each Receipt this Period
 _____ 250.00
 CONTRIBUTION

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

Mailing Address 1 TREE TOPS LANE
APT. 1004

City LITTLE ROCK State AR Zip Code 72202-1529

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.885

Amount of Each Receipt this Period
 _____ 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. MCNAMARA

Mailing Address 733 TENTH STREET NW
SUITE 400

City WASHINGTON State DC Zip Code 20001-4886

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

Name of Employer CASSIDY & ASSOCIATES Occupation EXECUTIVE VICE PRESIDENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.811

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

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

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

_____ 1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 208
	<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. CARL MENYHART

Mailing Address 1719 S ARCH STREET

City State Zip Code
LITTLE ROCK AR 72206-1214

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

Name of Employer Occupation
ETC ENGINEERS AND ARCHITECTS, INC. SENIOR ARCHITECT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.875

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 5 SUNSET DRIVE

City State Zip Code
LITTLE ROCK AR 72207-1821

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

Name of Employer Occupation
WILLIAM & ANDERSON P.L.C. ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.879

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHESTER D. MERCER

Mailing Address P.O. BOX 4129

City State Zip Code
LITTLE ROCK AR 72214-4129

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

Name of Employer Occupation
DAVIS TRAILER AND TRUCK COMPANY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1115

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 208
	<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. GARRY MERTINS

Mailing Address 1500 REBSAMEN PARK ROAD

City: LITTLE ROCK State: AR Zip Code: 72202-1856

FEC ID number of contributing federal political committee: C

Name of Employer: GARY MERTINS DESIGN Occupation: OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 03 / 22 / 2014

Transaction ID : SA11.1129

Amount of Each Receipt this Period: 300.00

CONTRIBUTION

IN-KIND CONTRIBUTION - OFFICE MOVING EXPENSE

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

Mailing Address 7 LONGFELLOW CIRCLE

City: LITTLE ROCK State: AR Zip Code: 72207-3719

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 07 / 2014

Transaction ID : SA11.985

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHUCK MEYER

Mailing Address 7 LONGFELLOW CIRCLE

City: LITTLE ROCK State: AR Zip Code: 72207-3719

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 07 / 2014

Transaction ID : SA11.986

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 208
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

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

Mailing Address 13 HENDRICKS ISLE

City State Zip Code
FORT LAUDERDALE FL 33301-3702

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

Name of Employer Occupation
ARISE VIRTUAL SOLUTIONS C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.1146

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

Mailing Address 13 HENDRICKS ISLE

City State Zip Code
FORT LAUDERDALE FL 33301-3702

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

Name of Employer Occupation
ARISE VIRTUAL SOLUTIONS C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.1147

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

Mailing Address 41 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207-5461

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

Name of Employer Occupation
ARKANSAS ENVIRONMENTAL FEDERATION EXECUTIVE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11.1055

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

5450.00

**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 88 OF 208
	<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. SHIRLEY DAVIS MILLER

Mailing Address 58 CHENAL CIRCLE

City State Zip Code
LITTLE ROCK AR 72223-9566

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.1122

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ARK MONROE

Mailing Address 11 RANCH VALLEY ROAD

City State Zip Code
LITTLE ROCK AR 72207-5138

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

Name of Employer Occupation
MITCHELL WILLIAMS ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11.840

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WAYNE MOORE

Mailing Address 5318 CENTERWOOD ROAD

City State Zip Code
LITTLE ROCK AR 72207-5304

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

Name of Employer Occupation
WAYNE MOORE CONSTRUCTION CO. BUILDER/REAL ESTATE DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11.712

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 208
	<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. MACK J. MORGAN III

Mailing Address 1638 QUEENSTOWN ROAD

City State Zip Code
OKLAHOMA CITY OK 73116-5523

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

Name of Employer Occupation
CROWE AND DUNLEVY ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.1212

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RANDALL MOUROT

Mailing Address 2212 BEECHWOOD

City State Zip Code
LITTLE ROCK AR 72207-2024

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

Name of Employer Occupation
PREMIUM REFRESHMENTS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.802

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1516 CHERRY BROOK DRIVE

City State Zip Code
LITTLE ROCK AR 72211-4182

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

Name of Employer Occupation
METROPOLITAN BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.880

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 208
	<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. TENA MURPHY

Mailing Address **34 RIVER RIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-1520**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.994

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **10472 TOWNSHIP ROAD 94**

City **FINDLAY** State **OH** Zip Code **45840-2013**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11.1143

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **4630 SAWGRASS COVE**

City **CONWAY** State **AR** Zip Code **72034-5006**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11.758

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 208
	<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. RONC NAUMAN

Mailing Address 3615 DORCEL

City LITTLE ROCK State AR Zip Code 72212-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 21 / 2014

Transaction ID : SA11.733

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 46 COACHLIGHT DRIVE

City LITTLE ROCK State AR Zip Code 72227-6463

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

Name of Employer HEART OF ARKANSAS UNITED WAY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11.934

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

Mailing Address 1845 WOODALL RODGERS
FWY #1030

City DALLAS State TX Zip Code 75201-2233

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

Name of Employer T.C.P. REALTY Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11.706

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1800.00

**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 208
	<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. BEN NOBLE

Mailing Address 187 PLEASANT VALLEY DRIVE

City State Zip Code
LITTLE ROCK AR 72212-3153

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

Name of Employer Occupation
NOBLE STRATEGIES CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.920

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WALTER NUNNELLY

Mailing Address 4 OAKMONT COURT

City State Zip Code
LITTLE ROCK AR 72212-3309

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11.857

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICK O'BRIEN

Mailing Address 2212 NORTH SPRUCE STREET

City State Zip Code
LITTLE ROCK AR 72207-4732

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

Name of Employer Occupation
HEARTLAND BANK COMMERCIAL BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.970

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 93 OF 208
(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. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.1126

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CLAIRE B. PARKER

Mailing Address 4881 POTOMAC AVE NW

City WASHINGTON State DC Zip Code 20007-1539

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

Name of Employer CB COMMUNICATIONS Occupation STRATEGIC COMMUNICATIONS PROFESSI

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11.886

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 41 LONGMEADOW

City PINE BLUFF State AR Zip Code 71603-6312

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

Name of Employer SELF EMPLOYED Occupation INDEPENDENT PERFORMING ARTS PROFE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11.1069

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

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

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

650.00

**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 208
	<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. LANCE PENFIELD

Mailing Address 3304 COMMONWEALTH DRIVE

City State Zip Code
BYANT AR 72022-7033

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

Name of Employer Occupation
BAXLEY-PENFIELD-MOUDY REALTORS EXECUTIVE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1089

Amount of Each Receipt this Period
150.00

CONTRIBUTION

IN-KIND CONTRIBUTION FUNDRAISER - FOOD AND TIP COSTS AT LAKESIDE COUNTRY CLUB

B. Full Name (Last, First, Middle Initial)
MR. LANCE PENFIELD

Mailing Address 3304 COMMONWEALTH DRIVE

City State Zip Code
BYANT AR 72022-7033

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

Name of Employer Occupation
BAXLEY-PENFIELD-MOUDY REALTORS EXECUTIVE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1230

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 3 IDYLWOOD

City State Zip Code
PINE BLUFF AR 71603-7313

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1101

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

900.00

**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 208
(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. RICHARD PORTER

Mailing Address **875 BRYANT AVENUE**

City **WINNETKA** State **IL** Zip Code **60093-1903**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.894

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ROBERT A. PORTER JR.

Mailing Address **1900 SHADOW LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-2018**

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

Name of Employer **STEPHENS INC.** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : SA11.699

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JOHN R. PRINCE

Mailing Address **P.O. BOX 252**

City **DE VALLS BLUFF** State **AR** Zip Code **72041-0252**

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

Name of Employer **WHITE COUNTY PHYSICIAN GROUP** Occupation **E.R. PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : SA11.697

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3250.00

**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 208
	<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. GARY PROFIT

Mailing Address **8106 STONE CREST**

City **BENTONVILLE** State **AR** Zip Code **72712-5619**

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

Name of Employer **WAL-MART STORES, INC.** Occupation **SENIOR DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.949

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. FRANCIS BELLINGRATH PUGH

Mailing Address **P.O. BOX 8905**

City **PINE BLUFF** State **AR** Zip Code **71611-8905**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1032

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE L. PUGH

Mailing Address **P.O. BOX 156**

City **PORTLAND** State **AR** Zip Code **71663-0156**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1050

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 208
	<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. ROBERT D. PUGH

Mailing Address P.O. BOX 159

City: PORTLAND State: AR Zip Code: 71663-0159

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 13 / 2014

Transaction ID : SA11.1049

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL A. PULLARA

Mailing Address 1111 HERMANN DRIVE SUITE 21A

City: HOUSTON State: TX Zip Code: 77004-6931

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 29 / 2014

Transaction ID : SA11.1183

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 401 WELLINGTON WOODS LOOP

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

FEC ID number of contributing federal political committee: C

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 14 / 2014

Transaction ID : SA11.1070

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 208
	<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. DICK RANEY JR.

Mailing Address 5800 CHASEVIEW ROAD

City State Zip Code
NASHVILLE TN 37221-4115

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1199

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 200 WEST CAPITOL AVE
STE 2300

City State Zip Code
LITTLE ROCK AR 72201-3615

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

Name of Employer Occupation
WRIGHT, LINDSEY & JENNINGS LLP ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.924

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. 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
CAHON SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.866

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 208
	<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. ALAN REILS

Mailing Address 938 EAST PARKER STREET

City State Zip Code
HAMBURG AR 71646-3331

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

Name of Employer Occupation
DEDICATED LOGISTICS, L.L.C. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1014

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 7915 CANTRELL

City State Zip Code
LITTLE ROCK AR 72227-2493

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

Name of Employer Occupation
THE JANET JONES COMPANY REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1124

Amount of Each Receipt this Period
250.00
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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2014

Transaction ID : SA11.1130

Amount of Each Receipt this Period
300.00
CONTRIBUTION

IN-KIND CONTRIBUTION - FUNDRAISER - FOOD AND BEVERAGES

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 208
	<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. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.991

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BILLY ROBERTS

Mailing Address 16 ELM WOOD CIRCLE

City State Zip Code
PINE BLUFF AR 71603-7140

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

Name of Employer Occupation
RADIUS GROUP, L.L.C. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1043

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHRIS ROBERTS

Mailing Address 17 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207-5461

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

Name of Employer Occupation
DELTA TRUST AND BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.969

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

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

1050.00

**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 101 OF 208
	<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 Y. ROBERTS

Mailing Address 3916 BENTWOOD COURT

City State Zip Code
FAIRFAX VA 22031-3252

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

Name of Employer Occupation
ROBERTS, RAHEB, & GRADLER L.L.C. PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.831

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BERNIE ROBINSON

Mailing Address 408 A STREET SE

City State Zip Code
WASHINGTON DC 20003-3807

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

Name of Employer Occupation
THE LIVINGSTON GROUP L.L.C. PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.824

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 5409 HAWTHORNE RD

City State Zip Code
LITTLE ROCK AR 72207-3751

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

Name of Employer Occupation
SPORTSTOP, INC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.1106

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 208
	<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. THOMAS N. ROSE

Mailing Address **6 PALISADES DRIVE**

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

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

Name of Employer **TAYLOR AND STUCKEY, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.891

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN R. RUTLEDGE JR.

Mailing Address **2519 NORTH FILLMORE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3614**

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

Name of Employer **FIRST SECURITY BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.979

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. REYNIE RUTLEDGE

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

City **SEARCY** State **AR** Zip Code **72145-1009**

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

Name of Employer **FIRST SECURITY BANK** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11.1153

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3350.00

**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 103 OF 208
	<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. REYNIE RUTLEDGE

Mailing Address P.O. BOX 1009

City State Zip Code
SEARCY AR 72145-1009

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

Name of Employer Occupation
FIRST SECURITY BANK CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.1154

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MATT SAGELY

Mailing Address 5411 MCGRATH BLVD.
#503

City State Zip Code
NORTH BETHESDA MD 20852-8621

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

Name of Employer Occupation
THE NORMANDY GROUP PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.827

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH E. SAMORA

Mailing Address 2828 WISCONSIN AVENUE, NW

City State Zip Code
WASHINGTON DC 20007-4736

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

Name of Employer Occupation
CNH EXECUTIVE ATTORNEY/EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11.792

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

3350.00

**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 208
	<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. LOUIS E. SCHICKEL

Mailing Address 11601 PLEASANT RIDGE ROAD
SUITE 300

City Little Rock State AR Zip Code 72212-2241

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

Name of Employer SELF EMPLOYED Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11.888

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PHILIP W. SCHMIDT

Mailing Address 39 ST. JOHNS PLACE

City Little Rock State AR Zip Code 72207-3700

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

Name of Employer FLAKE AND KELLEY COMMERCIAL Occupation BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11.1058

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 8149 GREEN GLADE ROAD

City JACKSONVILLE State FL Zip Code 32256-7303

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

Name of Employer MITIGATION DEVELOPMENT SERVICES Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11.723

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 105 OF 208
(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. AMY SCHUH

Mailing Address 270 RIVER RIDGE POINTE

City State Zip Code
LITTLE ROCK AR 72227-1528

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1241

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 2206 N PALM ST

City State Zip Code
LITTLE ROCK AR 72207-2050

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11.853

Amount of Each Receipt this Period
 1950.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES D. SCOTT

Mailing Address 2100 COVINGTON DRIVE

City State Zip Code
NORTH LITTLE ROCK AR 72116-4909

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

Name of Employer Occupation
JAMES D SCOTT INSURANCE AGENT INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11.846

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2450.00

**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 208
	<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. KAREN SEALANDER

Mailing Address 111 10TH STREET NE

City State Zip Code
WASHINGTON DC 20002-6211

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

Name of Employer Occupation
MCDERMOTT, WILL, & EMERY LEGISLATIVE COUNSEL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.814

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLIE S. SEARCY

Mailing Address P.O. BOX 494

City State Zip Code
MONTICELLO AR 71657-0494

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

Name of Employer Occupation
DREW COUNTY TREASURER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11.1022

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 30 WOODGLEN ROAD

City State Zip Code
LITTLE ROCK AR 72207-1620

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

Name of Employer Occupation
PREMIER STAFFING, INC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.863

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 208
	<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 S. SELIG

Mailing Address **23224 FOXRIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72223-5994**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1206

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RALPH SHELNUTT

Mailing Address **2014 WATTS ROAD SUITE E**

City **BENTON** State **AR** Zip Code **72015-2898**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11.841

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address **12 CHAPARRAL LANE**

City **LITTLE ROCK** State **AR** Zip Code **72212-3620**

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

Name of Employer **DELTA TRUST AND BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11.717

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 108 OF 208
(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 SHENEP

Mailing Address 12 CHAPARRAL LANE

City State Zip Code
LITTLE ROCK AR 72212-3620

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

Name of Employer Occupation
DELTA TRUST AND BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.868

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 21 RIVER RIDGE CIRCLE

City State Zip Code
LITTLE ROCK AR 72227-1523

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11.917

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 24 PINNACLE DRIVE

City State Zip Code
ROGERS AR 72758-8831

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

Name of Employer Occupation
WAL-MART STORES, INC. PRESIDENT AND C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.923

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

3100.00

**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 109 OF 208
	<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) DR. KEMP SKOKOS		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 32 RIVER RIDGE ROAD		Transaction ID : SA11.989
City LITTLE ROCK	State AR	
Zip Code 72227-1520		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. DENNIS SMILEY		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 56 CHAMPIONS BLVD.		Transaction ID : SA11.945
City ROGERS	State AR	
Zip Code 72758-9567		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ARVEST	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MS. CAROLE J. SMITH		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 405 CAMBRIDGE PLACE DRIVE		Transaction ID : SA11.1151
City LITTLE ROCK	State AR	
Zip Code 72227-2166		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer DELTA TRUST AND BANK	Occupation BANKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
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 110 OF 208
	<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. SMITH

Mailing Address **226 WEST DICKSON STREET**

City **FAYETTEVILLE** State **AR** Zip Code **72701-5221**

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

Name of Employer **SMITH HURST, P.L.C.** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11.861

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **571 VALLEY CLUB CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-3453**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : SA11.709

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RONALD J. SORINI

Mailing Address **540 N. LINCOLN STREET**

City **HINSDALE** State **IL** Zip Code **60521-3447**

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

Name of Employer **SORINI & SAMET** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.815

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 208
	<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. ANDREW SPEED

Mailing Address **14 GLASGOW COURT**

City **LITTLE ROCK** State **AR** Zip Code **72211-2170**

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

Name of Employer **BKD, L.L.P.** Occupation **C.P.A.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 25 / 2014

Transaction ID : SA11.745

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LIAS J. STEEN

Mailing Address **3 OAKLAWN DRIVE**

City **HOUSTON** State **TX** Zip Code **77024-5210**

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

Name of Employer **OIL STATES INT.** Occupation **ATTORNEY AT LAW**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.1075

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRITZ S. STEIGER

Mailing Address **609 ENFIELD ROAD**

City **BENTONVILLE** State **AR** Zip Code **72712-5427**

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

Name of Employer **STEIGER COMPANIES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.942

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 208
	<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. RONALD G. STEINHART

Mailing Address **25 ROBLEDO DRIVE**

City **DALLAS** State **TX** Zip Code **75230-3055**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1189

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. NANCY STEPHENS

Mailing Address **1910 COUNTRY CLUB LANE**

City **LITTLE ROCK** State **AR** Zip Code **72207-2036**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1024

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WITT STEPHENS JR.

Mailing Address **9 SUNSET CIRCLE**

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

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

Name of Employer **STEPHENS GROUP** Occupation **C.E.O.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11.1059

Amount of Each Receipt this Period
1600.00
 CONTRIBUTION

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

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

2100.00

**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 208
	<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. WITT STEPHENS JR.

Mailing Address **9 SUNSET CIRCLE**

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

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

Name of Employer **STEPHENS GROUP** Occupation **C.E.O.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1231

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. GRACE D. STEURI

Mailing Address **52 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.983

Amount of Each Receipt this Period
125.00
 CONTRIBUTION

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

Mailing Address **52 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.982

Amount of Each Receipt this Period
125.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 208
	<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. NOEL STRAUSS

Mailing Address **37 EDGEHILL ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-5461**

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

Name of Employer **STEPHENS INC.** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.927

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PHILIP TAPPAN

Mailing Address **8 EAST PALISADES**

City **LITTLE ROCK** State **AR** Zip Code **72207-1904**

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

Name of Employer **PURPLE COW RESTAURANTS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2850.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1109

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM L. TEDFORD JR.

Mailing Address **5607 HAWTHORNE**

City **LITTLE ROCK** State **AR** Zip Code **72207-4307**

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

Name of Employer **STEPHENS, INC.** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1105

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 115 OF 208

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MRS. DENISE THOMAS

Mailing Address 12 STERNWHEEL DRIVE

City CONWAY State AR Zip Code 72034-9391

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11.755

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address 12 STERNWHEEL DRIVE

City CONWAY State AR Zip Code 72034-9391

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11.756

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address 14601 BLACK BEAR ROAD

City LITTLE ROCK State AR Zip Code 72223-1993

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

Name of Employer **STEPHENS INVESTMENTS HOLDINGS L.L.C.** Occupation **ASSISTANT TO THE CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.829

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 208
	<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 F. THOMAS

Mailing Address **9245 VENDOME DRIVE**

City **BETHESDA** State **MD** Zip Code **20817-4029**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.1216

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ALLYSON ALSOBROOK THOMPSON

Mailing Address **321 LILLIAN**

City **BENTON** State **AR** Zip Code **72015-3896**

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

Name of Employer **STEPHENS INC.** Occupation **ACCOUNTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1098

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MISS PAIGE THOMPSON

Mailing Address **5217 EDGEWOOD ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72207-5413**

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

Name of Employer **WAL-MART STORES, INC.** Occupation **MERCHANDISING LEADERSHIP PROGRAM**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.951

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 208
	<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. BRUCE TIMMONS

Mailing Address 150 ASHLEY 283 ROAD

City State Zip Code
HAMBURG AR 71646-

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

Name of Employer Occupation
DELTA TRUST AND BANK BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.1020

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 20 SUNSET PARK LANE

City State Zip Code
SUGAR LAND TX 77479-2741

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

Name of Employer Occupation
BAKER BOTTS, L.L.P. ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11.1142

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALI TULBAH

Mailing Address 1711 RIGGS PLACE NW
APT. 2

City State Zip Code
WASHINGTON DC 20009-6009

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

Name of Employer Occupation
MCLARTY ASSOCIATES CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.823

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 208
	<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 TYLER

Mailing Address 31 EAGLE VALLEY ROAD

City CONWAY State AR Zip Code 72032-9542

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

Name of Employer CONWAY REGIONAL Occupation ATTORNEY/HUMAN RESOURCE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11.769

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ANNETTE K. VAUGHN

Mailing Address 5325 WANETA DRIVE

City DALLAS State TX Zip Code 75209-5611

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11.1179

Amount of Each Receipt this Period
 1600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JERRY VEST

Mailing Address 5050 NORTHGATE ROAD

City ROGERS State AR Zip Code 72758-1425

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

Name of Employer REGIONS BANK Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11.960

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2100.00

**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 208
	<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. STEVE WADE		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 425 W. CAPITOL AVENUE SUITE 1300		Transaction ID : SA11.972
City LITTLE ROCK	State AR	
Zip Code 72201-3523		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SIMMONS FIRST NATIONAL BANK	Occupation COMMERCIAL BANKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MR. RICHARD WALL		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 2660 CHESTNUT STREET		Transaction ID : SA11.805
City SAN FRANCISCO	State CA	
Zip Code 94123-2408		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer O'DONNELL, WEISS, WALL, & MESCHKE	Occupation ATTORNEY AT LAW	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) MR. PETER J. WALLISON		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 1880 LAZY O ROAD		Transaction ID : SA11.813
City SNOWMASS	State CO	
Zip Code 81654-9155		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer A.E.I.	Occupation SENIOR FELLOW	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 120 OF 208
	<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. MILLIE WARD

Mailing Address **16 GLENRIDGE ROAD**

City **LITTLE ROCK** State **AR** Zip Code **72227-2230**

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

Name of Employer **STONE WARD** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.1114

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **17 DURANCE DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72223-9133**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11.1004

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JANE P. WAYLAND

Mailing Address **300 EAST THIRD STREET #801**

City **LITTLE ROCK** State **AR** Zip Code **72201-1648**

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

Name of Employer **UNIVERSITY OF ARKANSAS LITTLE ROCK** Occupation **DEAN/PROFESSOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 23 / 2014

Transaction ID : SA11.739

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 121 OF 208
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. ROBERT WAYLAND

Mailing Address 300 EAST THIRD STREET
#801

City Little Rock State AR Zip Code 72201-1648

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11.1163

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES WEAVER

Mailing Address P.O. BOX 60

City EL PASO State AR Zip Code 72045-0060

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

Name of Employer WEAVER BAILEY CONTRACTORS, INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11.766

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RUBIN WEBB

Mailing Address 300 RICHWOODS DRIVE

City BRYANT State AR Zip Code 72022-3269

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11.1062

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

2050.00

**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 208
	<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. BETSY J. WESTPHAL

Mailing Address 109 NORTH 6TH STREET

City State Zip Code
FORT SMITH AR 72901-2103

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11.856

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ANN R. WHITE

Mailing Address 3412 CHERRY STREET

City State Zip Code
PINE BLUFF AR 71603-6471

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11.1041

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ANN R. WHITE

Mailing Address 3412 CHERRY STREET

City State Zip Code
PINE BLUFF AR 71603-6471

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2014

Transaction ID : SA11.1131

Amount of Each Receipt this Period
 550.00
 CONTRIBUTION

IN-KIND CONTRIBUTION - PINE BLUFF EVENT - FOOD AND BEVERAGES

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 123 OF 208
	<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 RD

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.848

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 205 MIRAMAR BLVD.

City State Zip Code
LITTLE ROCK AR 72223-3200

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

Name of Employer Occupation
GARVER ENGINEERS CIVIL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11.744

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 2805 P STREET NW

City State Zip Code
WASHINGTON DC 20007-3067

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.817

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 208
	<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. GREG WILLIAMS

Mailing Address 3335 TURF LANE

City CONWAY State AR Zip Code 72034-7269

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

Name of Employer NABHOLZ CONSTRUCTION SERVICES Occupation CHIEF EXECUTIVE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11.759

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11.735

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DIANE WILSEY

Mailing Address 2590 JACKSON STREET

City SAN FRANCISCO State CA Zip Code 94115-1121

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

Name of Employer A. WILSEY PROPERTIES CO. Occupation OWNER/C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.1228

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

1350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 208	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
MR. LARRY T. WILSON

Mailing Address #3 NIXON DRIVE

City JACKSONVILLE State AR Zip Code 72076-5516

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST ARKANSAS BANK AND TRUST Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11.968

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LYNN WRIGHT

Mailing Address 400 WEST CAPITOL SUITE 200

City LITTLE ROCK State AR Zip Code 72201-3482

FEC ID number of contributing federal political committee. **C**

Name of Employer REGIONS BANK Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.1026

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BILL YEE

Mailing Address 11700 CANTRELL ROAD

City LITTLE ROCK State AR Zip Code 72223-1712

FEC ID number of contributing federal political committee. **C**

Name of Employer DELTA TRUST Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.1110

Amount of Each Receipt this Period
 125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1375.00

**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 126 OF 208
	<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. EDWARD YINGLING

Mailing Address 2814 R STREET NW

City WASHINGTON State DC Zip Code 20007-2918

FEC ID number of contributing federal political committee. **C**

Name of Employer COVINGTON AND BURLING L.L.P. Occupation ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.826

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVEN R. ZIELSKE

Mailing Address 4904 S 44TH PLACE

City ROGERS State AR Zip Code 72758-8862

FEC ID number of contributing federal political committee. **C**

Name of Employer WAL-MART STORES, INC. Occupation SR. V.P. FINANCE CAPITAL MARKETS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11.952

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

255297.73

**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 208
	<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)
AKSM UROLOGY PAC

Mailing Address 100 W 3RD AVE
SUITE 350

City Columbus State OH Zip Code 43201-7205

FEC ID number of contributing federal political committee. **C** C00489419

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11.967

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11.1265

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11.845

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 208
	<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)
ARVEST BANK GROUP, INC. PAC

Mailing Address P.O. BOX 799

City State Zip Code
LOWELL AR 72745-0799

FEC ID number of contributing federal political committee. **C C00336768**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.928

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL PAC

Mailing Address 208 S. AKARD STREET
SUITE 2701

City State Zip Code
DALLAS TX 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11.1150

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOND DEALERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 21 DUPONT CIRCLE NW

City State Zip Code
WASHINGTON DC 20036-1109

FEC ID number of contributing federal political committee. **C C00456699**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11.832

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 208
	<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)
CONSERVATIVE OPPORTUNITY LEADERSHIP & ENTERPRISE PAC

Mailing Address P.O. BOX 722256
City NORMAN State OK Zip Code 73070-8705

FEC ID number of contributing federal political committee. **C C00404392**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2014
Transaction ID : SA11.837

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEFEND AMERICA PAC

Mailing Address P.O. BOX 2626
City TUSCALOOSA State AL Zip Code 35403-2626

FEC ID number of contributing federal political committee. **C C00325993**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2014
Transaction ID : SA11.835

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

DEFEND AMERICA PAC A QUALIFIED MULTICANDIDATE COMMITTEE

C. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL PAC

Mailing Address 25 EAST MAIN STREET SUITE 200
City RICHMOND State VA Zip Code 23219-2109

FEC ID number of contributing federal political committee. **C C00384701**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 10 / 2014
Transaction ID : SA11.842

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C00384701

SUBTOTAL of Receipts This Page (optional).....	12000.00
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 130 OF 208
(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)
IBERIABANK CORPORATION FED PAC

Mailing Address 200 WEST CONGRESS STREET

City LAFAYETTE State LA Zip Code 70501-6873

FEC ID number of contributing federal political committee. **C** C00406066

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.1168

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11.854

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE. NW
SUITE 720

City WASHINGTON State DC Zip Code 20004-2686

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11.899

Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 208
(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)
RELYANCE BANK, N.A. POLITICAL ACTION COMMITTEE

Mailing Address **P.O. BOX 7878**

City **PINE BLUFF** State **AR** Zip Code **71611-7878**

FEC ID number of contributing federal political committee. **C C00278754**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.1103

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
S.I.F.M.A. PAC

Mailing Address **1101 NEW YORK AVENUE
8TH FLOOR**

City **WASHINGTON** State **DC** Zip Code **20005-4279**

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2014

Transaction ID : SA11.851

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SIMMONS FIRST NATIONAL BANK PAC FEDERAL FUND

Mailing Address **P.O. BOX 7009**

City **PINE BLUFF** State **AR** Zip Code **71611-7009**

FEC ID number of contributing federal political committee. **C C00123885**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.1038

Amount of Each Receipt this Period
250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 208
	<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)
WENDY'S COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1 DAVE THOMAS BOULEVARD

City DUBLIN State OH Zip Code 43017-5452

FEC ID number of contributing federal political committee. **C** C00369090

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.1194

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

32250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 208			
	<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. FRENCH HILL STATE REP CAMPAIGN

Mailing Address P.O. BOX 7841

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement REIMBURSEMENT FOR PROFESSIONAL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2014

Amount of Each Disbursement this Period: 30.88

Transaction ID : SB17.I63

Full Name (Last, First, Middle Initial)
B. FRENCH HILL STATE REP CAMPAIGN

Mailing Address P.O. BOX 7841

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement REIMBURSEMENT FOR PROFESSIONAL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.I65

Full Name (Last, First, Middle Initial)
C. MR. MIKE AKIN

Mailing Address 2122 HIGHWAY 35 WEST

City MONTICELLO State AR Zip Code 71655-9272

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 20 / 2014

Amount of Each Disbursement this Period: 274.46

Transaction ID : SB17.1093

IN-KIND CONTRIBUTION - MONTICELLO FUNDRAISER FOOD AND BEVERAGES

SUBTOTAL of Disbursements This Page (optional) 1305.34

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 134 OF 208	
	<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. TERRY BENHAM		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 2601 GARDEN BEND DRIVE		Amount of Each Disbursement this Period 200.93
City BENTON State AR Zip Code 72015-6037	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Transaction ID : SB17.1092
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	IN-KIND CONTRIBUTION - FUNDRAISER - SALINE COUNTY FOOD AND BEVERAGE COSTS

Full Name (Last, First, Middle Initial) B. MR. TERRY BENHAM		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2601 GARDEN BEND DRIVE		Amount of Each Disbursement this Period 120.00
City BENTON State AR Zip Code 72015-6037	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Transaction ID : SB17.794
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	IN-KIND CONTRIBUTION - FACILITY RENTAL FOR FUNDRAISER

Full Name (Last, First, Middle Initial) C. MR. TERRY BENHAM		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2601 GARDEN BEND DRIVE		Amount of Each Disbursement this Period 138.07
City BENTON State AR Zip Code 72015-6037	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Transaction ID : SB17.795
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	IN-KIND CONTRIBUTION - FOOD AND BEVERAGES FOR FUNDRAISER

SUBTOTAL of Disbursements This Page (optional)	459.00
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 135 OF 208			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MARY ASHLEIGH BIERBAUM			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 2010 REBSAMEN PARK ROAD #110			Amount of Each Disbursement this Period 1250.00	
City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID : SB17.I151	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. MARY ASHLEIGH BIERBAUM			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address 2010 REBSAMEN PARK ROAD #110			Amount of Each Disbursement this Period 1250.00	
City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID : SB17.I152	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. MARY ASHLEIGH BIERBAUM			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 2010 REBSAMEN PARK ROAD #110			Amount of Each Disbursement this Period 1250.00	
City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID : SB17.I180	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 208			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MARY ASHLEIGH BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 2010 REBSAMEN PARK ROAD #110		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.I264
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARY ASHLEIGH BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 2010 REBSAMEN PARK ROAD #110		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.I268
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARY ASHLEIGH BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2010 REBSAMEN PARK ROAD #110		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.I272
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 208			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. MARY ASHLEIGH BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 2010 REBSAMEN PARK ROAD #110		Amount of Each Disbursement this Period 190.78
City LITTLE ROCK State AR Zip Code 72202	Category/Type	
Purpose of Disbursement EXPENSE REIMBURSEMENT - SUPPLIES	Candidate Name	Transaction ID : SB17.I77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MISS. MARY ASHLEIGH BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 2010 REBSAMEN PARK #110		Amount of Each Disbursement this Period 150.00
City LITTLE ROCK State AR Zip Code 72202-1959	Category/Type	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	Transaction ID : SB17.1276
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

IN-KIND CONTRIBUTION - FUEL EXPENSE

Full Name (Last, First, Middle Initial) C. MRS. STEPHANIE BIERBAUM		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 722 PINE RIDGE DRIVE		Amount of Each Disbursement this Period 550.00
City HAMBURG State AR Zip Code 71646-3339	Category/Type	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	Transaction ID : SB17.1275
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

IN-KIND CONTRIBUTION - REFRIGERATOR, MICROWAVE, OFFICE WATER, FOOD AND SUPPLIES

SUBTOTAL of Disbursements This Page (optional).....	890.78
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 208			
	<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. HAL CRAFTON			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address P.O. BOX 10482			Amount of Each Disbursement this Period 400.00
City CONWAY	State AR	Zip Code 72034-0007	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	Transaction ID : SB17.1111
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		IN-KIND CONTRIBUTION - FUNDRAISER - CONWAY EVENT SEVEN COUNTY TOUR FOOD AND BEVERAGES
State: District:			

Full Name (Last, First, Middle Initial) B. MS. SUSAN DUMAS			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 301 WEST CHURCH STREET			Amount of Each Disbursement this Period 415.40
City MORRILTON	State AR	Zip Code 72110	
Purpose of Disbursement EXPENSE REIMBURSEMENT - EVENT SUPPLIES		Category/ Type	Transaction ID : SB17.I79
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. MRS. MARTHA HILL			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 7 CANTRELL ROAD			Amount of Each Disbursement this Period 103.81
City LITTLE ROCK	State AR	Zip Code 72207-2005	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	Transaction ID : SB17.749
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		IN-KIND CONTRIBUTION - CANDY FOR BIG BUCK CLASSIC
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	919.21
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 208			
	<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. MARTHA HILL		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 7 CANTRELL ROAD		Amount of Each Disbursement this Period 285.63 Transaction ID : SB17.I90
City LITTLE ROCK	State AR	
Purpose of Disbursement EXPENSE REIMBURSEMENT - SUPPLIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. MRS. MARTHA HILL		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 7 CANTRELL ROAD		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.I91
City LITTLE ROCK	State AR	
Purpose of Disbursement EXPENSE REIMBURSEMENT - REPUBLICAN COMMITTEE MEMBERSHIP		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CATHERINE L LANIER		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 3901 FOXCROFT ROAD		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.I145
City LITTLE ROCK	State AR	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	2070.63
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 208			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CATHERINE L LANIER			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address 3901 FOXCROFT ROAD			Amount of Each Disbursement this Period 1750.00	
City LITTLE ROCK	State AR	Zip Code 72227	Transaction ID : SB17.I146	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) B. CATHERINE L LANIER			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 3901 FOXCROFT ROAD			Amount of Each Disbursement this Period 1750.00	
City LITTLE ROCK	State AR	Zip Code 72227	Transaction ID : SB17.I181	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) C. CATHERINE L LANIER			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 3901 FOXCROFT ROAD			Amount of Each Disbursement this Period 1750.00	
City LITTLE ROCK	State AR	Zip Code 72227	Transaction ID : SB17.I265	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5250.00
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 141 OF 208			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. CATHERINE L LANIER			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 3901 FOXCROFT ROAD			Amount of Each Disbursement this Period 1750.00	
City LITTLE ROCK	State AR	Zip Code 72227	Transaction ID : SB17.I269	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CATHERINE L LANIER			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 3901 FOXCROFT ROAD			Amount of Each Disbursement this Period 1750.00	
City LITTLE ROCK	State AR	Zip Code 72227	Transaction ID : SB17.I273	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. CATHERINE L LANIER			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014	
Mailing Address 3901 FOXCROFT ROAD			Amount of Each Disbursement this Period 39.87	
City LITTLE ROCK	State AR	Zip Code 72227	Transaction ID : SB17.I76	
Purpose of Disbursement EXPENSE REIMBURSEMENT - SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3539.87
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 208	
	<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. MARVIN H. MAURRAS		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address P.O. BOX 21258		Amount of Each Disbursement this Period 420.00
City LITTLE ROCK	State AR	
Zip Code 72221-1258	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1108
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND CONTRIBUTION - FUNDRAISER - FOOD AND BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) B. MR. JOHN MCCLENDON		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 189 ALLEN DRIVE		Amount of Each Disbursement this Period 274.46
City MONTICELLO	State AR	
Zip Code 71655-4476	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1091
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND CONTRIBUTION - FUNDRAISER - MONTICELLO FOOD AND BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) C. MR. GARRY MERTINS		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 1500 REBSAMEN PARK ROAD		Amount of Each Disbursement this Period 300.00
City LITTLE ROCK	State AR	
Zip Code 72202-1856	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1129
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND CONTRIBUTION - OFFICE MOVING EXPENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	994.46
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 208	
	<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. LANCE PENFIELD		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 3304 COMMONWEALTH DRIVE		Amount of Each Disbursement this Period 150.00
City BYANT State AR Zip Code 72022-7033	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name	Category/Type	Transaction ID : SB17.1089
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND CONTRIBUTION FUNDRAISER - FOOD AND TIP COSTS AT LAKESIDE COUNTRY CLUB	
State: District:		

Full Name (Last, First, Middle Initial) B. DR. RICHARD RILEY		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 30 RIVER RIDGE ROAD		Amount of Each Disbursement this Period 300.00
City LITTLE ROCK State AR Zip Code 72227-1520	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name	Category/Type	Transaction ID : SB17.1130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND CONTRIBUTION - FUNDRAISER - FOOD AND BEVERAGES	
State: District:		

Full Name (Last, First, Middle Initial) C. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 2308.00
City LITTLE ROCK State AR Zip Code 72217	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.1150
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2758.00
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 144 OF 208			
	<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. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I182
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I266
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I270
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
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 145 OF 208	
	<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. JACK E SISSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 49 HICKORY HILLS DRIVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I274
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MR. LARRY WALTHER		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6 CASCADES DRIVE		Amount of Each Disbursement this Period 223.45 Transaction ID : SB17.I185
City LITTLE ROCK	State AR	
Zip Code 72212	Purpose of Disbursement EXPENSE REIMBURSEMENT - MEAL EXPENSE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MRS. ANN R. WHITE		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 3412 CHERRY STREET		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.1131
City PINE BLUFF	State AR	
Zip Code 71603-6471	Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3273.45
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 146 OF 208			
	<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 01 / 11 / 2014
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 610.61 Transaction ID : SB17.I68
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 1634.81 Transaction ID : SB17.I83
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADVANCE PRINT SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 4201 S. SHACKLEFORD SUITE C		Amount of Each Disbursement this Period 2354.20 Transaction ID : SB17.I94
City LITTLE ROCK State AR Zip Code 72204	Purpose of Disbursement PRINTING EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4599.62
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 147 OF 208	
	<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 EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 3 WORLD FINANCIAL CENTER		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.I140
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 3 WORLD FINANCIAL CENTER		Amount of Each Disbursement this Period 764.97 Transaction ID : SB17.I141
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 3 WORLD FINANCIAL CENTER		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.I142
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	780.87
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 208			
	<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 EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014		
Mailing Address 3 WORLD FINANCIAL CENTER			Amount of Each Disbursement this Period 14.60		
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.I143		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014		
Mailing Address 3 WORLD FINANCIAL CENTER			Amount of Each Disbursement this Period 49.58		
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.I249		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014		
Mailing Address 3 WORLD FINANCIAL CENTER			Amount of Each Disbursement this Period 7.95		
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.I277		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	72.13
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 149 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I100
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I102
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I103
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	22.34
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 150 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I104
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I105
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I106
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	15.52
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I107
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I108
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I109
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	50.62
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 152 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I110
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I111
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I112
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	42.82
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I113
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I114
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I115
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	25.27
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 154 OF 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I116
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 0.69
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I117
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I118
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21.76
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 155 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I119
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I120
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I121
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	69.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70 Transaction ID : SB17.I122
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 0.33 Transaction ID : SB17.I123
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I124
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	112.08
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I125
City BATON ROUGE	State LA Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I126
City BATON ROUGE	State LA Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I127
City BATON ROUGE	State LA Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	24.30
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I128
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I129
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I130
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	42.82
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 159 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I131
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I132
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I133
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	39.90
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I134
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I135
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I136
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8.70
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I137
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I138
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I139
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	242.70
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I194
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I196
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70 Transaction ID : SB17.I198
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	114.00
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 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 101.70
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I199
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I200
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 12.00
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I201
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	117.90
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 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I202
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I203
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I204
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	44.77
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 165 OF 208	
	<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. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014	
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 19.80	
City BATON ROUGE		State LA	Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 39.30	
City BATON ROUGE		State LA	Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 10.05	
City BATON ROUGE		State LA	Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	69.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I208
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I209
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I210
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	63.30
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 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I211
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I212
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I213
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	31.12
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 168 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I214
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I215
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I217
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	34.05
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I218
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I219
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 62.70
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I220
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	71.10
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 208			
	<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. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 62.70
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	Transaction ID : SB17.I221
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 62.70
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	Transaction ID : SB17.I222
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 39.30
City BATON ROUGE	State LA	Zip Code 70801	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	Transaction ID : SB17.I223
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	164.70
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I224
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I225
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I226
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	79.87
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 208		
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I227
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I228
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I229
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	30.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 208			
	<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. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 1.27	
City BATON ROUGE	State LA	Zip Code 70801	Transaction ID : SB17.I230	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 10.05	
City BATON ROUGE	State LA	Zip Code 70801	Transaction ID : SB17.I231	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address THIRD STREET SUITE 2B			Amount of Each Disbursement this Period 4.20	
City BATON ROUGE	State LA	Zip Code 70801	Transaction ID : SB17.I232	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	15.52
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I233
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I234
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.I235
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	42.82
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I236
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 6.15 Transaction ID : SB17.I237
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 6.15 Transaction ID : SB17.I238
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	14.55
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I239
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I240
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I241
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	18.45
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 177 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I242
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.I243
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.I244
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	34.05
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 208			
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I278
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.I279
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.I280
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	21.37
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 179 OF 208	
	<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. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address THIRD STREET SUITE 2B		Amount of Each Disbursement this Period 10.05
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I98
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BIG BUCK CLASSIC		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014
Mailing Address 11 CARRINGTON		Amount of Each Disbursement this Period 300.00
City CABOT	State AR	
Zip Code 72023	Purpose of Disbursement EVENT PARTICIPATION - BOOTH RENTAL	Transaction ID : SB17.I74
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BOULEVARD BREAD COMPANY		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1920 N. GRANT STREET SUITE B		Amount of Each Disbursement this Period 276.84
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement FUNDRAISING EXPENSE - FOOD	Transaction ID : SB17.I302
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 03/18/2014
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	310.05
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 208			
	<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		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I147
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement COMPLIANCE SOFTWARE Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAMPAIGN MAIL & DATA, INC. DBA CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I261
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement COMPLIANCE SOFTWARE Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN MAIL & DATA, INC. DBA CMDI		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I310
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement COMPLIANCE SOFTWARE Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2394.00
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 208	
	<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. CRESTVIEW PROPERTIES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 3700 KAVANAUGH BLVD. SUITE A		Amount of Each Disbursement this Period 774.19
City LITTLE ROCK	State AR	Zip Code 72205
Purpose of Disbursement OFFICE RENT	Category/Type	
Candidate Name	Transaction ID : SB17.I95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 327.00
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL EXPENSE - AIRFARE FOR MARTHA HILL	Category/Type	
Candidate Name	Transaction ID : SB17.I306	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	ITEMIZED CREDIT CARD DISBURSEMENT 02/16/2014	

Full Name (Last, First, Middle Initial) C. FACEBOOK ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period 590.31
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement ADVERTISING EXPENSE	Category/Type	
Candidate Name	Transaction ID : SB17.I281	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	ITEMIZED CREDIT CARD DISBURSEMENT 01/11/2014	

SUBTOTAL of Disbursements This Page (optional).....	774.19
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 208	
	<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. FACEBOOK ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period 890.92
City MENLO PARK State CA Zip Code 94025	Purpose of Disbursement ADVERTISING EXPENSE	
Candidate Name		Transaction ID : SB17.I286
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 02/16/2014

Full Name (Last, First, Middle Initial) B. FACEBOOK ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period 814.99
City MENLO PARK State CA Zip Code 94025	Purpose of Disbursement ADVERTISING EXPENSE	
Candidate Name		Transaction ID : SB17.I296
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 03/18/2014

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 2.00
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Transaction ID : SB17.I161
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2.00
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 183 OF 208	
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 26.20
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Transaction ID : SB17.I162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.03
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Transaction ID : SB17.I163
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.20
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Transaction ID : SB17.I164
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	26.43
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 208			
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 6200 S. QUEBEC STREET			Amount of Each Disbursement this Period 1.66 Transaction ID : SB17.I165
City GREENWOOD VILLAGE	State CO	Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 6200 S. QUEBEC STREET			Amount of Each Disbursement this Period 65.71 Transaction ID : SB17.I166
City GREENWOOD VILLAGE	State CO	Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 6200 S. QUEBEC STREET			Amount of Each Disbursement this Period 0.05 Transaction ID : SB17.I167
City GREENWOOD VILLAGE	State CO	Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	67.42
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 208	
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 19.03 Transaction ID : SB17.I168
City GREENWOOD VILLAGE	State CO Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 2.00 Transaction ID : SB17.I169
City GREENWOOD VILLAGE	State CO Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 21.70 Transaction ID : SB17.I170
City GREENWOOD VILLAGE	State CO Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	42.73
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 208			
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 6200 S. QUEBEC STREET			Amount of Each Disbursement this Period 0.23 Transaction ID : SB17.I171
City GREENWOOD VILLAGE	State CO	Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 6200 S. QUEBEC STREET			Amount of Each Disbursement this Period 0.38 Transaction ID : SB17.I172
City GREENWOOD VILLAGE	State CO	Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 6200 S. QUEBEC STREET			Amount of Each Disbursement this Period 59.60 Transaction ID : SB17.I173
City GREENWOOD VILLAGE	State CO	Zip Code 80111	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	60.21
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 208	
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 4.38 Transaction ID : SB17.I174
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 5.20 Transaction ID : SB17.I175
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.03 Transaction ID : SB17.I176
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9.61
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 208			
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.20 Transaction ID : SB17.I177
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 2.71 Transaction ID : SB17.I178
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.03 Transaction ID : SB17.I245
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2.94
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 189 OF 208			
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.02 Transaction ID : SB17.I247
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 73.00 Transaction ID : SB17.I248
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.50 Transaction ID : SB17.I250
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	73.52
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 208	
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 5.51
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	Transaction ID : SB17.I251
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.03
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	Transaction ID : SB17.I252
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.20
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	Transaction ID : SB17.I253
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5.74
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 208			
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 2.21 Transaction ID : SB17.I254
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 2.90 Transaction ID : SB17.I255
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 30.18 Transaction ID : SB17.I257
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	35.29
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 208	
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.08 Transaction ID : SB17.I258
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 6.90 Transaction ID : SB17.I259
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 73.73 Transaction ID : SB17.I260
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	80.71
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 208			
	<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. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 0.11 Transaction ID : SB17.I262
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FDS HOLDINGS INC. DBA IGNITE PAYMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 6200 S. QUEBEC STREET		Amount of Each Disbursement this Period 1.50 Transaction ID : SB17.I276
City GREENWOOD VILLAGE State CO Zip Code 80111	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GARRY MERTINS DESIGN, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1500 REBSAMEN PARK ROAD SUITE 200		Amount of Each Disbursement this Period 382.59 Transaction ID : SB17.I183
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement CAMPAIGN OFFICE MOVING EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	384.20
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 208			
	<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. HARLAND CLARKE			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address 10931 LAUREATE DRIVE			Amount of Each Disbursement this Period 26.53	
City SAN ANTONIO	State TX	Zip Code 78249	Transaction ID : SB17.I149	
Purpose of Disbursement OFFICE EXPENSE - CHECK SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. IMPACT MANAGEMENT			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014	
Mailing Address 124 WEST CAPITOL AVE SUITE 1886			Amount of Each Disbursement this Period 5000.00	
City LITTLE ROCK	State AR	Zip Code 72201	Transaction ID : SB17.I81	
Purpose of Disbursement CAMPAIGN COMMUNICATIONS RESEARCH		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. JOHNNY'S HALF SHELL			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014	
Mailing Address 400 N. CAPITOL STREET NW			Amount of Each Disbursement this Period 500.00	
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.I285	
Purpose of Disbursement MEAL EXPENSE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5026.53
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 195 OF 208	
	<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. JOHNNY'S HALF SHELL		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 400 N. CAPITOL STREET NW		Amount of Each Disbursement this Period 1255.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement FUNDRAISING EXPENSE - FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.I293
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 03/18/2014

Full Name (Last, First, Middle Initial) B. MITCHELL WILLIAMS LAW		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 425 WEST CAPITOL AVE.		Amount of Each Disbursement this Period 4003.62
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement CONSULTANTS - LEGAL	
Candidate Name	Category/Type	Transaction ID : SB17.I187
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MITCHELL WILLIAMS LAW		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 425 WEST CAPITOL AVE.		Amount of Each Disbursement this Period 3776.10
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement CONSULTANTS - LEGAL	
Candidate Name	Category/Type	Transaction ID : SB17.I69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7779.72
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 208	
	<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 MM / DD / YYYY 02 / 12 / 2014
Mailing Address 425 WEST CAPITOL AVE.		Amount of Each Disbursement this Period 1125.00 Transaction ID : SB17.I82
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement CONSULTANTS - LEGAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT, INC.		Date of Disbursement MM / DD / YYYY 02 / 16 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 116.26 Transaction ID : SB17.I288
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE EXPENSE - SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 02/16/2014

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT, INC.		Date of Disbursement MM / DD / YYYY 02 / 16 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 26.16 Transaction ID : SB17.I289
City LITTLE ROCK	State AR	
Zip Code 72202	Purpose of Disbursement OFFICE EXPENSE - SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 02/16/2014

SUBTOTAL of Disbursements This Page (optional).....	1125.00
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 208	
	<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 03 / 18 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 48.46
City LITTLE ROCK	State AR	Zip Code 72202
Purpose of Disbursement OFFICE EXPENSE - SUPPLIES	Category/Type	
Candidate Name	Transaction ID : SB17.I294	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 03/18/2014
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 01 / 15 / 2014
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 367.51
City ROCHESTER	State NY	Zip Code 14625
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name	Transaction ID : SB17.I153	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 154.00
City ROCHESTER	State NY	Zip Code 14625
Purpose of Disbursement PAYROLL PROCESSING FEE	Category/Type	
Candidate Name	Transaction ID : SB17.I154	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	521.51
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 198 OF 208	
	<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 01 / 31 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 70.00	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE Category/Type	Transaction ID : SB17.I155	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		

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 02 / 14 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 66.94	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE Category/Type	Transaction ID : SB17.I156	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		

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 01 / 21 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 67.65	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE Category/Type	Transaction ID : SB17.I157	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Full Name (Last, First, Middle Initial) PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		

SUBTOTAL of Disbursements This Page (optional).....	204.59
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 199 OF 208	
	<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 01 / 31 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 650.25	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I158	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES	
State: District:	Category/Type		

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 02 / 14 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 673.76	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I160	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

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 03 / 14 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 66.94	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE	Transaction ID : SB17.I256	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1390.95
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 208	
	<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 03 / 31 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 62.00	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING FEE	Transaction ID : SB17.I263	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 671.91	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I267	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

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 03 / 13 / 2014	
Mailing Address 911 PANORAMA TRAIL SOUTH		Amount of Each Disbursement this Period 648.26	
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I271	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1382.17
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 201 OF 208			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
PAYCHEX INVESTMENT PARTNERSHIP, LP DBA PAYCHEX OF NEW YORK, LLC

Mailing Address **911 PANORAMA TRAIL SOUTH**

City **ROCHESTER** State **NY** Zip Code **14625**

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: **2014**
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period
632.94

Transaction ID : SB17.I275

Category/Type

B. Full Name (Last, First, Middle Initial)
RED RIGHT STRATEGIES

Mailing Address **P.O. BOX 600254**

City **DALLAS** State **TX** Zip Code **75360**

Purpose of Disbursement
CONSULTANTS - DIGITAL

Candidate Name

Office Sought: House Senate President

Disbursement For: **2014**
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 20 / 2014

Amount of Each Disbursement this Period
1500.00

Transaction ID : SB17.I72

Category/Type

C. Full Name (Last, First, Middle Initial)
RED RIGHT STRATEGIES

Mailing Address **P.O. BOX 600254**

City **DALLAS** State **TX** Zip Code **75360**

Purpose of Disbursement
CONSULTANTS - DIGITAL

Candidate Name

Office Sought: House Senate President

Disbursement For: **2014**
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 20 / 2014

Amount of Each Disbursement this Period
1585.83

Transaction ID : SB17.I85

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **3718.77**

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 202 OF 208			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
French Hill for Arkansas

Full Name (Last, First, Middle Initial) A. RED RIGHT STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address P.O. BOX 600254			Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.I96
City DALLAS	State TX	Zip Code 75360	
Purpose of Disbursement CONSULTANTS - DIGITAL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF ARKANSAS			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address 1201 WEST 6TH STREET			Amount of Each Disbursement this Period 179.70 Transaction ID : SB17.I291
City LITTLE ROCK	State AR	Zip Code 72201	
Purpose of Disbursement EVENT PARTICIPATION - RAND PAUL CONVENTION		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT
02/16/2014

Full Name (Last, First, Middle Initial) C. SECURITY BANKCARD			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address P.O. BOX 22116			Amount of Each Disbursement this Period 4361.31 Transaction ID : SB17.I193
City TULSA	State OK	Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5861.31
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 208			
	<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 01 / 11 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 748.33
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS	Transaction ID : SB17.I67
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 3584.66
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS	Transaction ID : SB17.I84
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SOFITEL WASHINGTON DC LAFAYETTE SQUARE		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address 806 15TH STREET NW		Amount of Each Disbursement this Period 239.31
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement HOTEL EXPENSE FOR MARTHA HILL	Transaction ID : SB17.I309
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4332.99
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 208			
	<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. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address P.O. BOX 36647-1CR		Amount of Each Disbursement this Period 867.69
City DALLAS State TX Zip Code 75235	Purpose of Disbursement TRAVEL EXPENSE - AIRFARE FOR FRENCH HILL	Transaction ID : SB17.I307
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED CREDIT CARD DISBURSEMENT 02/16/2014
State: District:		

Full Name (Last, First, Middle Initial) B. THE WICKERS GROUP		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 1743.95
City SAN FRANCISCO State CA Zip Code 94109	Purpose of Disbursement POLLING RESEARCH	Transaction ID : SB17.I64
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE WICKERS GROUP		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 2500.00
City SAN FRANCISCO State CA Zip Code 94109	Purpose of Disbursement POLLING RESEARCH	Transaction ID : SB17.I70
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4243.95
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 208	
	<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 WICKERS GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 6250.00 Transaction ID : SB17.I86
City SAN FRANCISCO State CA Zip Code 94109	Purpose of Disbursement POLLING RESEARCH	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE WICKERS GROUP		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1819 POLK STREET #373		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.I92
City SAN FRANCISCO State CA Zip Code 94109	Purpose of Disbursement POLLING RESEARCH	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TRIANGLE INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 4704 WEST COMMERCIAL DRIVE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.I304
City NORTH LITTLE ROCK State AR Zip Code 72116	Purpose of Disbursement LIABILITY INSURANCE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16750.00
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 208			
	<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. TRIVIA MARKETING

Mailing Address 1100 W. MARKHAM STREET

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
EVENT PARTICIPATION - LR MARATHON SHIRTS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 18 / 2014

Amount of Each Disbursement this Period: 225.63

Transaction ID : SB17.I179

Category/Type

Full Name (Last, First, Middle Initial)
B. TROOP 30

Mailing Address 2223 DERWOOD ROAD

City LITTLE ROCK State AR Zip Code 72207

Purpose of Disbursement
PURCHASE OF CHRISTMAS CARDS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 13 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.I71

Category/Type

Full Name (Last, First, Middle Initial)
C. US POSTAL SERVICE

Mailing Address 5420 KAVANAUGH BOULEVARD

City LITTLE ROCK State AR Zip Code 72207

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 18 / 2014

Amount of Each Disbursement this Period: 637.00

Transaction ID : SB17.I295

Category/Type

[MEMO ITEM]
ITEMIZED CREDIT CARD DISBURSEMENT
03/18/2014

SUBTOTAL of Disbursements This Page (optional) 425.63

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 208	
	<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 01 / 22 / 2014
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 230.00
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.I311
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 5420 KAVANAUGH BOULEVARD		Amount of Each Disbursement this Period 245.00
City LITTLE ROCK State AR Zip Code 72207	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.I312
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 2510 CANTRELL ROAD		Amount of Each Disbursement this Period 114.62
City LITTLE ROCK State AR Zip Code 72202	Purpose of Disbursement FUNDRAISING EXPENSE - SUPPLIES	
Candidate Name		Transaction ID : SB17.I299
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	475.00
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 208	
	<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. REPUBLICAN PARTY OF ARKANSAS		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1201 WEST 6TH STREET		Amount of Each Disbursement this Period 15000.00
City LITTLE ROCK State AR Zip Code 72201	Purpose of Disbursement FILING FEE	
Candidate Name		Transaction ID : SB17.I88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		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		
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:	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		
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	116105.37