Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. French Hill for Arkansas PO Box 7841 ADDRESS (number and street) (Check if address is changed) Little Rock 72217 AR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS frenchhill@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.electfrench.com (Check if address is changed) DATE 2022 C00551275 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Goode, Michael, , , Type or Print Name of Treasurer Goode, Michael, , , [Electronically Filed] 05 13 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FEC Fo | orm 1 (Revised 02/2009) | Page 2 |
|----------------------|--|-------------------------------------|
| | COMMITTEE | |
| | e Committee: | |
| (a) * | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.) | e the candidate |
| Name of Candidate | Hill, James, French, , | |
| Candidate | Office | State |
| Party Affiliati | tion REP Sought: X House Senate President | District 02 |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Con | mmittee: | |
| (d) | | mocratic, publican, etc.) Party. |
| Political A | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | ted organization is a: |
| | Corporation Corporation w/o Capital Stock | abor Organization |
| | Membership Organization Trade Association Co | poperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee) | gated fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political |
| Com | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | FEC ID number | |

| FFC Form 1 /Deviced 0 | 2/2000) | Dama 2 |
|---|---|---------------------|
| FEC Form 1 (Revised 0 Write or Type Committee Name | 2/2009) | Page 3 |
| French Hill for A | rkansas | |
| | | in DAC Snamaar |
| | rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi | p PAC Sponsor |
| Financial Innovation Co | ommittee | |
| | | |
| Mailing Address | 228 S. Washington Street | |
| Walling Address | Suite 115 | |
| | Alexandria VA 22314 | |
| | CITY STATE Z | IP CODE |
| | CITY STATE Z | IP CODE |
| Relationship: Connected | Organization Affiliated Committee X Joint Fundraising Representative Lead | lership PAC Sponsor |
| | | |
| Custodian of Records: Ident books and records. | ify by name, address (phone number optional) and position of the person in poss | ession of committee |
| | | |
| Goode, Mic | mael,,, | |
| Mailing Address | 824 S Milledge Ace | |
| Ü | Ste 101 | |
| | Athens GA 30605 | |
| | | |
| Title or Position | CITY STATE Z | IP CODE |
| Treasurer | | 34 - 7780 |
| | | |
| Treasurer: List the name and any designated agent (e.g., as | address (phone number optional) of the treasurer of the committee; and the nam ssistant treasurer). | e and address of |
| Full Name Goode, Mic of Treasurer | hael, , , | |
| Mailing Address | 824 S Milledge Ace | . |
| 3 | Ste 101 | |
| | Athens | . _ ! |
| | | IP CODE |
| Title or Position Treasurer | Telephone number 706 - 53 | 34 7780 |

| | n 1 (Revised 02/2009) | |
|--|---|---------------|
| | | |
| Full Name of Designated Agent | Kilgore, Paul, , , | |
| Mailing Address | 824 S Milledge Ave | |
| Ü | Ste 101 | |
| | Athens GA 30605 | 1 1 |
| | CITY STATE ZIP | CODE |
| Title or Position Asst. Treasurer | | |
| | | counts ronts |
| safety deposit bo | Depositories: List all banks or other depositories in which the committee deposits funds, holds access or maintains funds. | counts, rents |
| | oxes or maintains funds. | counts, rents |
| safety deposit bo | oxes or maintains funds. | COURTS, TERRS |
| safety deposit bo | oxes or maintains funds. Depository, etc. | COURTS, TERRS |
| safety deposit bo Name of Bank, [| poxes or maintains funds. Depository, etc. BB&T | counts, rents |
| safety deposit bo Name of Bank, [| poxes or maintains funds. Depository, etc. BB&T | |
| safety deposit bo Name of Bank, [| Depository, etc. BB&T 1909 K Street NW Washington DC 20006 | CODE |
| safety deposit bo Name of Bank, [Mailing Address | Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZIP | |
| safety deposit bo Name of Bank, [| Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZIP Depository, etc. | |
| safety deposit bo Name of Bank, [Mailing Address | Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZIP | |
| safety deposit bo Name of Bank, [Mailing Address | Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZIP Depository, etc. | |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZIP Depository, etc. Classic City Bank 2365 West Broad Street | |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| Depository, etc. BB&T 1909 K Street NW Washington CITY STATE ZIP Depository, etc. | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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| 5(g) | or(h). Joint Fundraisin | ng Participant: | | |
|------|---|--|------------------------|------------------------------|
| | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | С |
| | | | | |
| 6. | | Organization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Sponsor |
| | Take Back the Ho | ouse 2022 | | |
| | | | | |
| | Mailing Address | PO Box 30844 | | |
| | | 1 | | |
| | | Bethesda | MD | 20824 |
| | Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affiliated Committee | Fundraising Representa | Leadership PAC Sponsor |
| | | | | |
| 8. | Designated Agent: Identify | y by name, address (phone number - optional) | | |
| | Full Name | | | |
| | Mailing Address | | | |
| | | CITY A | STATE A | ZIP CODE A |
| | TITLE OR POSITION | | | |
| | | | STATE A | |
| 9. | TITLE OR POSITION | Te | STATE A | ZIP CODE A |
| 9. | TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma | Te | STATE A | ZIP CODE A |
| 9. | Banks or Other Deposito safety deposit boxes or ma | Te pries: List all banks or other depositories in which saintains funds. | STATE A | ZIP CODE A |
| 9. | Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. | ories: List all banks or other depositories in which aintains funds. Ons Bank | STATE A | ZIP CODE A |
| 9. | Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. | ories: List all banks or other depositories in which aintains funds. Ons Bank | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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| (h). Joint Fundraisi | ng Participant: | | |
|---|--|---------------------------|-----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fun | draising Representativ | re, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | PO Box 7244 | | |
| ivialling Address | | | |
| | Little Peck | ^ D | 72217 |
| | Little Rock | AR | |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Affiliated Committee | int Fundraising Represent | tative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | tative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | tative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | tative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | tative Leadership PAC Sp |
| esignated Agent: Identi | y by name, address (phone number – optional) | int Fundraising Represent | |
| esignated Agent: Identi Full Name Mailing Address | by by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management. | y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc. | cories: List all banks or other depositories in whice aintains funds. Fargo Bank | STATE A Telephone Number | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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| | g Participant: | | |
|--|--|-----------------------|--------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | 824 S Milledge Ave Ste 101 | | |
| | | | |
| D. 1 | Athens | GA L | 30605 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Designated Agent: Identify | by name, address (phone number – optional) | | |
| Pesignated Agent: Identify | by name, address (phone number – optional) | | |
| | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name | | | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc. | CITY CITY Te ries: List all banks or other depositories in which intains funds. | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor defety deposit boxes or mails and the state of Bank, | CITY CITY Te | elephone Number | s funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc. | CITY CITY Te ries: List all banks or other depositories in which intains funds. | elephone Number | s funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc. | CITY CITY Te ries: List all banks or other depositories in which intains funds. | elephone Number | s funds, holds accounts, rents |