**FEC** 

## STATEMENT OF

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**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 cturner@hogantaylor.com (Check if address is changed) Optional Second E-Mail Address dsmith@mwlaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.electfrench.com (Check if address is changed) DATE 2021 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. Turner, Cale, , , Type or Print Name of Treasurer Turner, Cale,,, [Electronically Filed] 03 2021 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 Only

Local 202-694-1100

	O Farm 4 (Paris al 00/0000)	David <b>0</b>
	C Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE idate 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. (Con information below.)	nplete the candidate
Name of Candida	Trilli, Jarrics, French, .	
Candida Party A	ate Office Sought: House Senate President	State AR District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party	Committee:	
(d)	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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 F	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Committees Participating in Joint Fundraiser	
	1.	
	2.             FEC ID number C	
	3.	
	4.	

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Write or Type Committee Name	. ago e
French Hill for Arkansas	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
Financial Innovation Committee	
228 S. Washington Street  Mailing Address	
Suite 115 Alexandria VA 22314	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Lea	dership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possibooks and records.</li> </ol>	session of committee
Turner, Cale, , , Full Name	1
Mailing Address 11300 Cantrell Road	
Suite 301	
Little Rock AR 172212	
Title or Position CITY STATE 2	ZIP CODE
Treasurer Telephone number Telephone number	227 - 5800
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).</li> </ol>	ne and address of
Full Name Turner, Cale, , ,	1
of Treasurer	
Mailing Address	
Suite 301	
Little Rock AR 72212	ZID CODE
Title or Position	ZIP CODE 5800

1 LC 10	m 1 (Revised	02/2009)	Page <b>4</b>
Full Name of Designated			
Agent			
Mailing Address	5		
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
safety deposit b	ooxes or maint		
	Depository, et	tains funds.	
safety deposit I Name of Bank,	Depository, et	tains funds.	
safety deposit I Name of Bank,	Depository, et	tains funds.  tc.  1909 K Street NW	1006
safety deposit I Name of Bank,	Depository, et	tains funds.  tc.  1909 K Street NW	0006 ZIP CODE
safety deposit I Name of Bank,	Depository, et	tains funds.  tc.  1909 K Street NW  Washington  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address	Depository, et	ains funds.  tc.  1909 K Street NW  Washington  CITY  STATE  tc.  TS Bank	
safety deposit to Name of Bank,  Mailing Address	Depository, et    BB&T     Depository, et	tains funds.  tc.  1909 K Street NW  Washington  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, et    BB&T     Depository, et	ains funds.  tc.  1909 K Street NW  Washington  CITY  STATE  tc.  TS Bank	
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, et    BB&T     Depository, et	tains funds.  tc.  1909 K Street NW  Washington  CITY  STATE  tc.  1909 K Street NW  STATE	

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

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:			
	1.		FEC I	D number	C
	2		J FEC I	D number	C
	3.		FEC I	D number	C
	4.		FEC I	D number	C
6.	Name of Any Connected Take Back the Ho	Organization, Affiliated Committee, Joint Fu USE 2022	ndraising Re	epresentative	e, or Leadership PAC Sponsor
			1 1 1 1		
	Mailing Address	PO Box 30844			
		Bethesda		ı MD ı	20824
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
			oint Fundraisir		
8.		by name, address (phone number – optional)	)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone I	Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in what intains funds.  ons First  501 Main Street	ich the comm	nittee deposit	s funds, holds accounts, rents
		Pine Bluff	, , , 1	AR	71601
ı		CITY ▲		STATE ▲	ZIP CODE ▲

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

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PO Box 7244  Little Rock  CITY   STATE   ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PA  Agent: Identify by name, address (phone number – optional)	FEC ID number  FEC ID number  FEC ID number  C  TO Number  C  TO Number  C  TO Number  C  TO Number  THE Number  C  THE Number  THE	(h). <b>Joint Fundraisin</b> 1	g Participant:	1 1 1 1 1 1 1 1 1	FEC ID numbe	r C	
FEC ID number  FEC ID number  FEC ID number  C  Interpretation, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S  Hill  Little Rock  Little Rock  CITY A  STATE A  ZIP CODE  Connected Organization  Affiliated Committee	FEC ID number  FEC ID number  C  FEC ID number  C  G  G  G  G  G  G  G  G  G  G  G  G	2			FEC ID numbe	r C	
FEC ID number  FEC ID number  FEC ID number  FEC ID number  C  Inny Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S  Hill  Little Rock  Little Rock  IONE CITY A  STATE A  ZIP CODE  Connected Organization  Affiliated Committee	FEC ID number  FEC ID number  C  FEC ID number  C  PO Box 7244  Little Rock  CITY A  STATE A  ZIP CODE A  ed Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PAC Sponsor	3.					
FEC ID number C  Inny Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S Hill  Little Rock  Little Rock  AR  T2217  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC S  AFILIA  LITTLE	PO Box 7244  Little Rock  CITY A  STATE A  ZIP CODE A  ed Organization  Affiliated Committee  Affiliated Committee  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor				FEC ID numbe	r C	
ny Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S Hill  PO Box 7244  Little Rock  AR  72217  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC S  Little Rock  AR  72217  Little Rock  Joint Fundraising Representative  Leadership PAC S  Leadership PAC S  Little Rock  Little Rock  AR  72217  Leadership PAC S  Leadership PAC S  Leadership PAC S	PO Box 7244  Little Rock  CITY   STATE   Affiliated Committee Affiliated Committee   Affili	4			FEC ID numbe	r C	
PO Box 7244  Little Rock  Connected Organization  Affiliated Committee  AR  72217  ZIP CODE  Connected Organization  Affiliated Committee  Affiliated Comm	PO Box 7244  Little Rock  CITY   STATE   ZIP CODE   Affiliated Committee  X Joint Fundraising Representative  Leadership PAC Spor	7.			FEC ID numbe	r C	
PO Box 7244  Little Rock  CITY   STATE   ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PA  Agent: Identify by name, address (phone number – optional)	Little Rock  CITY ▲  STATE ▲  ZIP CODE ▲  ed Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spor	Name of Any Connected	Organization, Affi	liated Committee, Joint F	undraising Representat	tive, or Leadership PA	C Sponso
Little Rock  CITY   STATE   ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PA  Agent: Identify by name, address (phone number – optional)	Little Rock  CITY ▲  STATE ▲  ZIP CODE ▲  ed Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spor	Team Hill					
Little Rock  CITY   STATE   ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PA  Agent: Identify by name, address (phone number – optional)	Little Rock  CITY ▲  STATE ▲  ZIP CODE ▲  ed Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spot						
Little Rock  CITY   STATE   ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PA  Agent: Identify by name, address (phone number – optional)	Little Rock  CITY ▲  STATE ▲  ZIP CODE ▲  ed Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spor						
ionship: CITY ▲ STATE ▲ ZIP CODE  Connected Organization	CITY ▲ STATE ▲ ZIP CODE ▲  ed Organization	Mailing Address	PO Box 7244				
ionship: CITY ▲ STATE ▲ ZIP CODE  Connected Organization	CITY ▲ STATE ▲ ZIP CODE ▲  ed Organization						
Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PA  Agent: Identify by name, address (phone number – optional)	ed Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spo		Little Book		ı ı AR	72217	1
Agent: Identify by name, address (phone number – optional)			Little Rock				_
			d Organization	Affiliated Committee	Joint Fundraising Represe		
Address	1	Connected	d Organization	Affiliated Committee	Joint Fundraising Represe		
The state of the s		Connected  Designated Agent: Identify  Full Name	d Organization	Affiliated Committee	Joint Fundraising Represe		
	I.	Connected  Connected  Connected  Connected  Connected	d Organization	Affiliated Committee	Joint Fundraising Represe		
		Connected  Designated Agent: Identify  Full Name	d Organization	Affiliated Committee	Joint Fundraising Represe		
		Connected  Designated Agent: Identify  Full Name	d Organization	Affiliated Committee   s (phone number – optional	Joint Fundraising Represe	entative Leadership	p PAC Spo
OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE A	CITY ▲ STATE ▲ ZIP CODE ▲	Connected  Designated Agent: Identify  Full Name	d Organization  y by name, address	Affiliated Committee   s (phone number – optional	Joint Fundraising Represe	entative Leadership	p PAC Spo
			teo	ted Organization			
		Connected  Designated Agent: Identify  Full Name	d Organization	Affiliated Committee	Joint Fundraising Represe		
		Connected  Designated Agent: Identify  Full Name	d Organization	Affiliated Committee	Joint Fundraising Represe		
		Connected  Designated Agent: Identify  Full Name	d Organization	Affiliated Committee	Joint Fundraising Represe		
CITY A STATE A ZIP CODE A	CITY A STATE A ZIP CODE A	Connected  Designated Agent: Identify  Full Name  Mailing Address	d Organization  y by name, address	Affiliated Committee   s (phone number – optional	Joint Fundraising Represe	entative Leadership	p PAC Spo
OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE A  Telephone Number	N ▼	Connected  Designated Agent: Identify  Full Name  Mailing Address	d Organization  y by name, address	Affiliated Committee   s (phone number – optional	Joint Fundraising Represe	entative Leadership	p PAC Spo