

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

French Hill for Arkansas

ADDRESS (number and street)

PO Box 7841

☐ (Check if address is changed)

Little Rock

CITY ▲

AR

STATE ▲

72217

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

cturner@hogantaylor.com

Optional Second E-Mail Address

dsmith@mwlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.electfrench.com

2. DATE

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | / | 31 | / | 2021 |

3. FEC IDENTIFICATION NUMBER ►

C C00551275

4. 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.

Type or Print Name of Treasurer Turner, Cale, , ,

Signature of Treasurer

Turner, Cale, , ,

[Electronically Filed]

Date

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | / | 31 | / | 2021 |

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate

Hill, James, French, ,

Candidate
Party Affiliation

REP

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
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

French Hill for Arkansas

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Financial Innovation Committee

Mailing Address

228 S. Washington Street

Suite 115

Alexandria

VA

22314

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Turner, Cale, , ,

Mailing Address

11300 Cantrell Road

Suite 301

Little Rock

AR

72212

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

501

227

5800

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Turner, Cale, , ,

Mailing Address

11300 Cantrell Road

Suite 301

Little Rock

AR

72212

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

501

227

5800

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

Mailing Address

1909 K Street NW

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Simmons Bank

Mailing Address

501 Main Street

Pine Bluff

AR

71601

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Take Back the House 2022

Mailing Address

PO Box 30844

Bethesda

CITY ▲

MD

STATE ▲

20824

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank, **Simmons First**

Depository, etc.

Mailing Address

501 Main Street

Pine Bluff

CITY ▲

AR

STATE ▲

71601

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Team Hill

Mailing Address

PO Box 7244

Little Rock

CITY ▲

AR

STATE ▲

72217

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank, Wells Fargo Bank
Depository, etc.

Mailing Address

8302 Woodmont Avenue

Bethesda

CITY ▲

MD

STATE ▲

20814

ZIP CODE ▲