

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 99

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
French Hill for Arkansas

A. Full Name (Last, First, Middle Initial)
SCRIVNER, MICHAEL, S., MR.,
Mailing Address 719 A STREET SOUTHEAST

City State Zip Code
WASHINGTON DC 20003-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCRIVNER LEON GROUP, LLC

Occupation
PARTNER

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 03 2020

Transaction ID : SA11A.14619

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHAFER, ROBERT, S., MR.,
Mailing Address 82 CARMEL DR

City State Zip Code
LITTLE ROCK AR 72212-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRIDAY, ELDREDGE, & CLARK

Occupation
ATTORNEY

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 15 2020

Transaction ID : SA11A.14600

Amount of Each Receipt this Period

800.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHAHIM, REZA, , DR.,
Mailing Address 36 CHENAL CIR

City State Zip Code
LITTLE ROCK AR 72223-9566

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARKANSAS SURGICAL HOSPITAL, LLC

Occupation
PHYSICIAN

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 24 2020

Transaction ID : SA11A.14564

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

1800.00

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

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