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# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name James French Hill Page-

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and		benefits received under the Social Security Act.  Amount	unt
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation Houston, TX	Salary	\$6,300	\$28,450
┱	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Dort Trust & Bank little Roch, AR	Salary, Commissions of Boarders	\$ 289, 941	₹380,674
All, ance Healthcard, MC Norman, OIS	Pirector fees	0	46,000
Mitchell Williams caw firm, Cittle Roch, AR	Spouse Salary	Z)A	NA
Frost PLLC, Cittle Roch, AR	Spouse Salary	N)A	N/A
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Delta Trust investmets using	J. French Will IRA	Delfic T	ا ما د	trust 2 B	Little Rock, Al Bank Acts	1st Bank of	Examples:	SP SP Mega Corp. Stock	that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business	For rental or other real property held for investment, provide a complete address or a description, e.g., "eartsl property" and the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
edi e e			met att				::::::::::::::::::::::::::::::::::::::		None \$1~\$1,000	J A	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.		
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		ŀ				l	Royalties		Other Type of Income		•	If reinvested, must be dis- closed as income. Check "None" if the asset generated no income		A te co	Ø	
						L	髮	<u> </u>	(Specify: e.g., Partnership Income or Farm Income)			If reinvested, must be disclosed as income. Check "None" if the asset generated no income	<b>₹</b> ₹	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxdeferred income (such as 401(k))		
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							1		\$50,001 − \$100,000 <u>≦</u>	Preceding Year		ā	era S			
	4	100								4	1	pouse or dependent child.	income. Check "None" if no income was earned or generated	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as</b>		
									\$1,000,001 - \$5,000,000 ×		1	5				
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4-7								ener.	6ver \$6,690,000         2           Spouse/DC Income over \$1,000,000*         ≦			3	Ž	Se Z		

# SCHEDULE II — ASSETS AND "UNEARNED" INCOME

James

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Continuation Sheet (if needed)

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# SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

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Amount of Income    Value of Asset   Type of Income   Preceding Year   Pre		BLOCK A	BLOCK B	BLOCK C	вьос	CKD	
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# SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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Spouse/DC Income over \$1,000,000\*

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name James French Hill

Continuation Sheet (if needed)

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			54			<b>X</b>	***			<b>X</b>	None	Value of Asset	вгоск в
						X	<b>X</b>	X	X	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g., Partnership Income or Farm Income)	Type of Income	BLOCK C
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					X	*					Spouse/DC Income over \$1,000,000*   ≦	Amount of Income	BLOCK D

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Name James French Hill

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

				:		Amo	mount of	of Liab	
SP,		Date Liability		АВ	e D	E	п	ີດ	
J,C,	Creditor	Incurred mo/year	Type of Liability	110,000 615,000 615,001— 615,001— 650,000	50.001 100.000 f 100.001— 5250.000	\$250,001 \$500,000	5500,001— 61,000,000	51,000,001— 55,000,000	5,000,001—
	Example: First Bank of Wilmington, DE	May 1998		See a					
	Deita Trust & Bank, Little Rodyne 5/2006	3/20ob	Manhetable Seconties	×					
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SP	SP Various Medical	Prior 13	2013 Medical/phy. therpty for	×					
					*				

#### SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and product of the first transfer of the second states of	CONT. C.
Position	Name of Organization
 chairman - f the board	progress supplied good of or of the trust of the
20ED, director	DELTA LIGHT DUNKING SIGN A BRIDE MORNING TO
director	Deita Trust & Bank, a community bank/also serve andirector of 100% 31/65)
director/chairman	With Rocle Rogièras Chamber . F Connerce
director / past president	Fifty for his Totale, atterned, are
 director	Access Plans/ Alliance Healthand Norman ok.

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## SCHEDULE III — LIABILITIES

Name James Franch Hill

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

SP, DC,	Exar				
Creditor	Example: First Bank of Wilmington, DE				
Date Liability Incurred mo/year	May 1998				:
Type of Liability	Mortgage on 123 Main Street, Dover, DE				
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## SCHEDULE IV - POSITIONS (COSTIA

any nonprofit organization, any labor organization, or any educational or other institution other than the United States Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

The fact that th	
Position	Name of Organization
President/Mging Member	Prevident / Mging Member New Gascord Company LCC With Rock, Are
Maing Member	Hill- Brown Investments LLC WHE Roch AR
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Men ber	Board of Directors, Ax anildren's Hospital WHE Cock, AR

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## SCHEDULE III — LIABILITIES

Name James French Hill

Page \_\_\_\_ of

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

	Date Liability Incurred Type of Liability movyear  S15,001 S15,000 S15	Date  Liability Incurred Incur	Amount of Liability	Compared
Type of Liability  Mortgage on 123 Main Street, Dover, DE	Type of Liability  Type of Liability  Mortgage on 123 Main Street, Dover, DE	Type of Liability  Type of Liability  S15,001— S15,000— S15,000— S15,000— S15,000— S15,000— S250,000  S250,000  S250,000  S250,000  S250,000  S250,000	Mortgage on 123 Main Street, Dover, DE  \$10,001—\$15,000 \$15,001—\$500,000 \$10,000,001—\$5,000,000 \$5,000,000 \$5,000,001—\$5,000,000 \$5,000,001—\$5,000,000	Mortgage on 123 Main Street, Dover, DE  \$10,001—\$15,000 \$15,001—\$550,000 \$250,001—\$550,000 \$5,000,001—\$5,000,000 \$5,000,001—\$25,000,000 \$50,000,000 \$50,000,000 \$1,000,000 \$50,000,000 \$1,0
	\$10,001 \$15,000 \$15,000 \$15,000 \$50,000 \$1,0	\$10,001-2 \$15,00053	\$10,001— \$15,000— \$15,000— \$50,000 B \$100,001— \$250,000 D \$250,000 D \$250,000— \$1,000,000— \$1,000,000— \$5,000,000— \$5,000,000—	\$10,001— \$15,000— \$15,000— \$50,000 © \$20,00 © \$100,001— \$250,000 © \$500,000 © \$1,000,000 © \$1,000,000 © \$5,000,000 © \$25,000,000 © \$25,000,000 — \$25,000,000 — \$0,000,000 —
1912 AND AND ADMINISTRATION OF THE PARTY OF	\$15,001— \$50,000	\$15,001— \$50,000	\$15,001— \$50,000	\$15,001— \$50,000

## SCHEDULE IV — POSITIONS (

(contid)

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
Member	Executive Board, Quapan Arec Council RSA list a Roch, Mr.
Commissionel	Mistric Arkansas Musum Cumasion With Roch, Ar
thember	VALR Callege of Busines Advisor, Board
Trustee	George W. Donghey Fondation WHERICH AR
Member	Board of Directors, St. Joseph Home of AR N. Little Rock, Are

Use additional sheets if more space is required.

## SCHEDULE V -- AGREEMENTS

Name James French Hill Page - of -

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also maintained by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also maintained by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also maintained by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also maintained by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also maintained by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also maintained by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit also maintained by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit and the U.S. Government; or continuing participation in an employee welfare or benefit and the U.S. Government; or continuing participation in an employee welfare or benefit and the U.S. Government; or continuing participation in an employee welfare or benefit and the U.S. Government; or continuing participation in an employee welfare or benefit and the U.S. Government; or continuing participation in an employee welfare or current employee.

ent plan maint	elli pian maintained by a lottilet employer.	
Date	Parties To	Terms of Agreement
9-11-13	9-11-13 Octob Trust & BK, Carp & French 1/511	severage and benefits maked to change-in wastrol of
		OTB/OTBC.

# SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

_	lecognized by law. Do not repeat information have on content in	
	Source (Name and Address)	Brief Description of Duties
	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
	•	