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U.S. HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, 2012 - November 30, 2013

Name: James French Hill

Daytime Telephone:

W

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>AR</u> District: <u>2</u>	Date of Election: <u>P-S-20-14</u> <u>6-11-14</u>	Check if Amendment <input type="checkbox"/>
	<input type="checkbox"/> New officer or employee	Employing Office:		

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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BLOCK D

Amount of Income

~~Debra Frost-Kovacs, L.M.D.~~

***This column is for assets solely held by your spouse or dependent child.**

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. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

None	A
\$1 – \$1,000	B
\$1,001 – \$15,000	C
\$15,001 – \$50,000	D
\$50,001 – \$100,000	E
\$100,001 – \$250,000	F
\$250,001 – \$500,000	G
\$500,001 – \$1,000,000	H
\$1,000,001 – \$5,000,000	I
\$5,000,001 – \$25,000,000	J
\$25,000,001 – \$50,000,000	K
Over \$50,000,000	L
Spouse/DC Asset over \$1,000,000*	M
NONE	
DIVIDENDS	
RENT	
INTEREST	
CAPITAL GAINS	
EXCEPTED/BLIND TRUST	
TAX-DEFERRED	
Other Type of Income	
(Specify: e.g., Partnership Income or Farm Income)	
None	I
\$1 – \$200	II
\$201 – \$1,000	III
\$1,001 – \$2,500	IV
\$2,501 – \$5,000	V
\$5,001 – \$15,000	VI
\$15,001 – \$50,000	VII
\$50,001 – \$100,000	VIII
\$100,001 – \$1,000,000	IX
\$1,000,001 – \$5,000,000	X
Over \$5,000,000	XI
Spouse/DC Income over \$1,000,000*	XII
None	I
\$1 – \$200	II
\$201 – \$1,000	III
\$1,001 – \$2,500	IV
\$2,501 – \$5,000	V
\$5,001 – \$15,000	VI
\$15,001 – \$50,000	VII
\$50,001 – \$100,000	VIII
\$100,001 – \$1,000,000	IX
\$1,000,001 – \$5,000,000	X
Over \$5,000,000	XI
Spouse/DC Income over \$1,000,000*	XII

For additional assets and unearned income, use next page

Continuation Sheet (if needed)

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BLOCK A		BLOCK B													BLOCK C							BLOCK D																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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SP	JT, DC	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)													Current Year												Preceding Year																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
		\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								

Continuation Sheet (if needed)

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SCHEDULE III - LIABILITIES

Name James French Hill

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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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, 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 sibling 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X							
	Delta Trust & Bank, Little Rock, AR	5/2006	Line of credit secured by marketable securities		X									
	Delta Trust Investments, Little Rock, AR	1/2000	Marg'n account secured by marketable securities		X									
	Regions Bank, Panama City FL	1/2005	Guarantor on a commercial loan for investment held by Newberry			X								
SP	Varrios Medical	March 2013	Medical/phys. therapy fees		X									

SCHEDULE IV - POSITIONS

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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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 positions solely of an honorary nature.

Position	Name of Organization
Chairman of the board & CEO, director	Delta Trust & Banking Corp., a bank holding company
Vice chairman and CEO	Delta Trust & Bank, a community bank (also serve as director of 100 branches)
Chairman / director	Little Rock Regional Chamber of Commerce
director / past president	Fifty for the Future, Little Rock, AR
director	Acorn Plant Inc / Alliance Healthcare Norman OK

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Position	Name of Organization
President / Voting Member	New Grading Company LLC
Voting Member	Hill-Brown Investment LLC
Member	Advisory Board, McLarty Capital Partners
Member	Advisory Board, Fallon Energy LLC
Member	Board of Directors, Arkansas Children's Hospital

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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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Position	Name of Organization
Member	Executive Board, Durpan Area Council BSA
Commissioner	Historic Arkansas Museum Commission
Member	Advisory Board, UARK College of Business
Trustee	George W. Donaghey Foundation
Member	Board of Directors, St. Joseph Home of Ark

SCHEDULE V - AGREEMENTS

Name

James French H111

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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 plan maintained by a former employer.

Date	Parties To	Terms of Agreement
4-11-13	Delta Trust & Bank, Corporated French H111	Employment Agreement that includes insurance and benefits related to a change-in-control of DTB/DTRC.

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.

Source (Name and Address)		Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services	
N/A		