8 -	Yes	ependent child	nsactions, or liabilities of a spouse or de	rned" income, tra you have first co	er assets, "unear swer "yes" unless	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.	EXEMPTI because the
No.	Yes 🔲	not be	d certain other "excepted trusts" need no	tee on Ethics and	d by the Commit h a trust benefitir	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?	TRUSTS- disclosed.
S	QUESTION	OF THESE	TION — ANSWER EACH OF THESE QUESTIONS	INFORMA:	OR TRUST	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUS
	esponse.	each "Yes" r	opriate schedule attached for each "Yes" response	and the appr	e answered	Each question in this part must be answered and the appropriate	
₽ N	Yes 🔲	\$5,000 from	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.	No Will a sir	Yes 🗸	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.	III. Did you, able liability If yes, com
□ S	Yes V	rrangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No V. D	Yes 17	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.	II. Did you, income of m reportable a If yes, com
<u>8</u>	Yes 🔽	before the date or two years?	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.	No IV. I	Yes 🔯	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.	I. Did you o fees) of \$20 If yes, com
			EACH OF THESE QUESTIONS)F THESE G	ER EACH C	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER	In all section
	30 days late.	more than 30 days late			Office:	employee Employing Office	
assessed who files	A \$200 penalty shall be assessed against any individual who files	A \$200 penagainst any	# 14 Amendment	Date of F-Election:	2	Candidate for the State: AK House of Representatives District: —— New officer or	Filer Status
	(Office Use Only)	$\mathcal{U}_{\mathscr{C}}$ "					
ESENTATIVES	U.S. HOUSE OF REPRESENTATIVES		ephone:	Daytime Telephone:		James French Hill	Name:
PH 12: 20	MAY 12 2011 1 of 12 LEGISLATIVE RESOURCE CENTER 2011 MAY 15 PH 12: 20	2 53	FORM B For use by candidates and new employees	For us	ENTATIVES T 30,2014	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2οιユΑρારી 3ο, 2οιય_	FINANC Period co
ı							

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name James French Hill

Page 2 of 10

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.

exclude: Williary pay (such as National Guard of Reserve pay), receial retirement programs, and benefits received under the Social Security Act.	ilentent progrants, and benefits te	ceived dilider life Social	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	ount
Caroc (include date of teception translating)	-) - 0	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
ţ	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
	Salary, Commissions	#	#
Delta Trust & Bownk, Little Rock, AR	& Connses	126,759	425,966
	Same Salam	<u>~</u>	Z_*
Will cuelt Milliams raw Is as foliations, the		•	
Allien Faltography Norman or	Director Les Man		
	2312	-	
Frost 1777 And Now 188	Spokk Salany MA		

- Beckshire Hatheway Stock	Della To St Zov. Cimentota	1 788.7	- Noble Groupette shock	J∌lu	Sp With Rock, AC Bunk Acots	ch. Al.	1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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.	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period), any deposits total-	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address or a description, e.g., the "rental property," and the city and state.	ment plans (such as 401(k) or each asset held in the porting thresholds.		Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at rothe end of the reporting period, and (b) any other reportable asset or sources of income which generated	Asset and/or Income Source	BLOCK A
×		X	××		X	×	×	Indefinite	×	None \$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 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000	*	A B C D III II	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	please specify the method used. If an asset was sold during the report-	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value,	Value of Asset	BLOCK B
×		×	ХХ		X	X	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Fair	m Income))	during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific	Type of Income	BLOCK C
					X	×		* ×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$1,000,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,00 \$1,001 - \$1,000 \$1 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000 Spouse/DC Income over \$1,000,000	= = = = = = = = = = = = = = = = = = =	Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.		Amount of Income	BLOCK D

Continuation Sheet (if needed)					Name James French Hil	Page 4 of_
В	BLOCK A	вгоск в		BLOCK C	BLOCK D	
Asset and/o	Asset and/or Income Source	Value of Asset		Type of Income	Amount of Income	ome
S.P.		A B C D E F G H			Current Year	Preceding Year
DC		00 000 0,000 0,000 00,000	5,000,000 50,000,000 00	ND TRUST) ncome(Speci		00 ≦ 0,000 ⊠
		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,00 \$250,001 - \$500,00 \$500,001 - \$1,000	\$1,000,001 - \$5,00 \$5,000,001 - \$25,0 \$25,000,001 - \$50,0 Over \$50,000,000 Spouse/DC Asset over the control of the control	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TAX-DEFERRED Other Type of Inco	Partnership Income None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,00 \$1,000,001 - \$5,000,00 Over \$5,000,000 Spouse/DC Income over \$1,000 None \$1 - \$200	\$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$60,000 \$50,001 - \$1,000,00 \$100,001 - \$5,000,00
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- INTEL ST		X	X>		XX	ζ
- Johnson'	Natil Stack	XX	××		×××	
1 Mar Pro	00~ 540 C/C	×	(X		ζX ×	×

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None	SCH	SCHEDULE II – ASSETS AN	ASSETS AND "UNEARNED" INCOME				
Asset and/or Income Source Value of Asset Value o	Contin	uation Sheet (if needed)			James French	:	
Amount of Income Source Family Amount of Income Source Family		BLOCK A	вгоск в	BLOCK C	BLOC	OK D	
		Asset and/or Income Source	Value of Asset	Type of Income	Amount or	of Income	
	SP,		B C D E F G H - J K L		_	Preced	ding Year
None	Ä		0 00	Specif		= V	× × ×
None	ر (0 000 0,000 00,000	me(S)		00
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Rection That The Contract Southwast Private State Sta		5	\$1 - \$- \$1,001 \$15,00 \$50,00 \$50,00 \$250,0 \$500,0 \$1,000 \$25,000 \$25,000 \$25,000 \$25,000	DIVIDE RENT INTER CAPITA EXCER TAX-DI	None \$1 - \$2 \$201 - \$1,001 \$2,501 \$5,001 \$15,000 \$50,00 \$100,00 \$1,000 Over \$3 Spouse/0	\$1 - \$2 \$201 - \$1,001 \$2,501	\$15,00 \$50,00 \$100,00 \$1,000 Over \$5
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Welford Franch His Stock XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		west Airlin	*	×			
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× × × × × × × × × × × × × × × × × × ×	مۍ	Martha Hill-01/1945 Kayalte			×		×
× ×		#11-Brown (nuestment LLC	*	>			
× × ×	Γ	With auck, AR 50% owner					
		or this investment its.	*	*	×	X	

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

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name James French Hill

		0c2	SP, DC	
	Willowbrook Strategic Nashwille, TN - (NUCSTMENT Fund (Pillaky held)	Equitable life Policy Union General life Policy Veteran's Policy as Deneficianis		BLOCK A Asset and/or income Source
	××	X	\$15,001 - \$50,000	BLOCK B
	X	× x × >	Spouse/DC Asset over \$1,000,000* ≤ NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g., Partnership Income or Farm Income)	BLOCK C
	X		None	BLOCK D Amount of Income

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SCHEDULE III — LIABILITIES

Name James French Hill

Page 1 of (

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 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. 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

								Amo	Amount of Liability	Liabi	lity			
SP, DC,	Creditor	Date Liability Incurred	Type of Liability	. >	. 8	င	_ D			0 ED	00 T			rer ス
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	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×					[:		
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	Delta trust Investments, inc	Y2000	Margin Account Secured by Manhatalle Securities (Berobal.)		Χ			:						
	Regions Bunk, Marama City, FL 1/2005 Guarantes on a communical	1/2005	brananter on a commercial four for an investment helder now base	Ċ.		×								
SP	SP Variour Medical	Prior to	2213 Medical/Phytheraphy fees (zerobal		×									

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);

Position	Name of Organization
chairman of the board +	
¿ CEO, director	Leita Trust & Danking Corp, a bank holding co, while Hoch, All (1717-112 xent)
Vice-chairman & CEO,	But Trusto Rent a community has be little and AR (1999 - Present)
director,	Also, serve as is directly of 100 th subs of bank)
Girector/past chairman	the last having Chamber of Connecce
	NOW A POOL
director/past president	Rifty for the Future, little Rock, AR
director	Access Plans / Alliance Healthcard, Norman, OK (term ended in 2012)

Use additional sheets if more space is required.

SCHEDULE III — LIABILITIES

Name James French Hill

Page 8 of la

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 sibowed 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. 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

				SP, DC, JT	
			Example: First Bank of Wilmington, DE	Creditor	
			May 1998	Liability incurred mo/year	7
			Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001— \$15,000	ľ
	<u></u>	-		\$15,001— \$50,000 D \$50,001—	
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			 ļ	\$1,000,001— \$5,000,000	of Lia
				\$5,000,001— \$25,000,000	
				\$25,000,001 \$50,000,000	
			_	Over \$50,000,000 - Spouse/DC	
				Liability over 51,000,000	

SCHEDULE IV - POSITIONS (Cont'd)

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.

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 positions solely of all hollorary riating.	(didic.
Position	Name of Organization
President IMg. Momber	New Gascony Company LCC Little Roch, AR
Mg. Member	Hill-Brown Investments LLC Little Cock, AR
Member	Advisory board, McLanty Copital Partners, Cittle Mach, Mc
Member	Advisory Board, Faller Energy LC, A. Smith, Ar
Former Member	Board of Dire ctors, AR Children Hospital, Little Roch, AR (resigned & 12014)

SCHEDULE III — LIABILITIES

Name James French 1411 Page 9 of 10

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, JT
				Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
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		 		×	\$100,000 ? \$100,001— \$250,000 □
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		 		_	\$5,000,001— \$25,000,000 ± \$25,000,001—
		 		-	\$50,000,000 - Over \$50,000,000 -
<u> </u>	- -	 			Spouse/DC Liability over
					May 1998 Mortgage on 123 Main Street, Dover, DE X

SCHEDULE IV - POSITIONS $(cont'\theta)$

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 positions solely of an itoriolary flature.	iauic.
Position	Name of Organization
Member	Executive Board, Quagan frea Courcil BSA Little North. Arc
Commissionen	Historic AR Museum Commission little lack, we
Member	UALL College of Brsiner Adv. Board, little Made, ARR
Tawtee	George W. Ronghey Foundation little Noch, Az
Past Member	Bound of Directors, St. Joseph Home of AR N. Little Rud, the (newigned 21204)

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SCHEDULE V — AGREEMENTS

Name James Franch 1911

Page 19 of 10

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 Parties To	One president	on production of a service suppression.	
Delta Trust & Banking Gor of French Hill and benefi		Parties To	
		Delta Trust & Banking Gre / French Hill	Employment Asserment that ha ludges severance and benefit related to change of contributions long
			•

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.

	G	
	Source (Name and Address)	Brief Description of Dutles
	Example: Doe Jones & Smith, Hornetown, Homestate	Accounting services
	n <i>)a</i>	
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-		
-		

GPO: 2013

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