S E	Yes	pendent child	es of a spouse or de mmittee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or unless you have first consulted with the Committee on Ethics	rned" income, t	er assets, "unea wer "yes" unles	<b>EXEMPTION</b> —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.	EXEMPTION— because they m
S E	Yes 🔲	of be	epted trusts" need no	and certain other "excepouse, or a dependent	ittee on Ethics	d by the Comm a trust benefiti	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?	rRUSTS—Deta disclosed. Have
S	QUESTION	)F THESE	WER EACH OF THESE QUESTIONS	- ANS	I INFORM	OR TRUS	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSION
,	response.	each "Yes" r	ile attached for each "Yes" response.	schedu	and the appropriate		Each question in this part must be answered	
Š Z	Yes	\$5,000 from	ensation of more than \$ prior years? ach Schedule VI.	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 III	Yes	<ol> <li>Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?</li> <li>yes, complete and attach Schedule III.</li> </ol>	II. Did you, your s ble liability (more f yes, complete a
<u>\$</u>	Yes	angement	rtable agreement or arrangement ach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	No	Yes Q	<ol> <li>Did you, your spouse, or a dependent child receive "unearned" ncome 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.</li> </ol>	<ol> <li>Did you, your s ncome of more th eportable asset w f yes, complete :</li> </ol>
<b>₽</b>	Yes Q	efore the date	rtable positions on or bendar year or in the priouch Schedule IV.	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	Yes	Did you or your spouse have "earned" income (e.g., salaries or ees) of \$200 or more from any source in the reporting period? f yes, complete and attach Schedule I.	. Did you or your ees) of \$200 or m f yes, complete a
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assessed who files	· — œ	A <i>\$200 penalty</i> shall b against any individua more than 30 days late	Check if Amendment	Date of <b>P-S-20-14</b> Election: <b>6-11-4-14</b>	Date of Election:	Z Z Wfice:	Candidate for the House of Representatives District:2  New officer or employee Employing Office:	Filer Status
	(Office Use Only)	(C)						
VES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE OF		Daytime Telephone:	Daytime T		James French Hill	Name:
Page 1 of ##	SOURCE CEI	LEGISLATIVE RE	<b>B</b> nd new employees	<b>FORM B</b> For use by candidates and new employees	Fo	TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, کویک Newconductions	JNITED ST

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name James French Fil

Page 2 \_ 아 부

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	Terrient programs, and penents is	Amount	oeconty Act.
Source (include date of receipt for honoraria)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	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
DeltaTrust & Bank, Little Rock, AR	Salary, Gamissions of Bonuses	\$289,941	463,088 \$
Alliance Healthcoad Toc. Norman, OK	Director's Res	o	46,000
Mitchell williams Low Firm, little lock, AR	Spouse Salary	~/4	N/A
Frost PLLC, Cittle Rock, AR	Spouse Jalary	~/4	N/4
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8	k-1	<del> </del>	7	<del>la . l</del>	-	10	J				For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	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.	Exclude: Your personal residence, including second tomes 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.	location in Block A.	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	For rental or other real property held for investment, provide a complete address or a description, e.g., "ental 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.	Þ	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James French Hill

Page 1\_of\_

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name James French Hill

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	ARROLL CLICKS (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	BLOCK A	вгоск в	BLOCK C	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name James French Hill

Page 7 of 1

			<u>88</u>			సి	SP, JT, DC			Contin
		With Cock, AR	Veteran's Policy as	Union Butral Life Policy	Equitable life Policy	life Investors life Policy		Asset and/or Income Source	BLOCK A	Continuation Sheet (if needed)
		×	×	x	*	*	\$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	Value of Asset	вгоск в	
		×	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. Partnership Income or Farm Income)	Type of Incom	BLOCK C	
		X					None	mount of income	BLOCK D	

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#### SCHEDULE III — LIABILITIES

Name James French Hill

Page & of 1

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. 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 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-

1								Amou	int of	Amount of Liability	ĮΨ			
D မှ C	Creditor	Date Liability	Type of Liability	A	В	င	0	m		្ស	DO <b>I</b>		0	
<b>≒</b> 5	Creditor	mo/year		\$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 \$25,000,00 \$25,000,00	\$25,000,00 \$50,000,00 Over	\$50,000,000 <b>Spouse/DC</b>	Liability ove \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	r, DE				×							
	Deita Trust & Bank, Little Bod, A.c.	5/2006	hine of credit secured by		X				ļ					
	Belto Trust Investments, Cittle and A	too	mangin account secured by manufactuates le securités		X									
	Regions Bunk, Panama City ft	12005	Greather on a communical ban for Enventment held by New Ordinary			X								
\$	Variors healtead	prior h	modical/phy. thupy deas		×	<u> </u>			ļ					

#### 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.

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
School director	Delta Trust & Banking corp., a bank holding company
director	Delta Trust & Bank, a community bank (also serve as director of 100% subs)
chairman /director	with use regional Chamber of Connerce
director/past president	Fifty for the February with as do, m
director	Aconflam Inc / Alliana Heathcard Norman ox

Use additional sheets if more space is required.

### SCHEDULE III - LIABILITIES

Name James French Hill

Page 2 of 4

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 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 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.

							Amo	Amount of Liability	f Liab	ility			
SP C,	Creditor	Date Liability Incurred	Type of Liability		B C	3 15 XX2				2000 =			ver 🛪
JŢ		mo/year		\$10,001- \$15,000 \$15,001-	\$50,000 \$50,001- \$100,000	\$100,001 \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,00	\$1,000,00 \$5,000,00	\$5,000,00 \$25,000,0	\$25,000,0 \$50,000,0 ————— Over	\$50,000,0	Spouse/[ Liebylty o
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE										(1)
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## SCHEDULE IV - POSITIONS (CONTIL)

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

and positions solely of all horiotally facilities	ature.
Position	Name of Organization
President / Miging Heruban	New Gadany Company LCC
Aging Member	Hill-Brown Investment LC
Mambes	Advisory Board. Accounty capital Partners
Member	Advisory Board, Fallon Energy 1 LLC
Mamber	Board of Directors, Arkanisa Children Hospital

## SCHEDULE III — LIABILITIES

Name James French Hill

Page/a\_ of \_L

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 furnitively. 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-

			<u>'</u>		Exa	JT O.S.P.	
				,	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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				1 1 1 1 1 1 1	100	\$15,001— \$50,000 <b>a</b>	
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			- <b></b>			\$500,000 m \$500,001— \$1,000,000 T \$1,000,001— \$5,000,000 G \$5,000,001— \$25,000,000 T	
_						\$1,000,001— \$5,000,000 <b>ດ</b>	
							1124
_					_	\$25,000,001— \$50,000,000	
			V& (3) (3) (4) (4)		25.00	\$50,000,000	
						Spouse/DC Liability over 🛪 31 oct 050	1

## SCHEDULE IV - POSITIONS (WATIN

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 an ilonorary facults.	atul o.
	Position	Name of Organization
_	Member	Executive Board, ducpaw area Council BSA
	Commissierer	Historic Arlcanoas Museum Commission
	Member	Advisory Board, UALR College of Business
	Toustee	George W Donashey Foundation
	hember	Bound of Directors, Sto Joseph Home of AR

Use additional sheets if more space is required.

## SCHEDULE V -- AGREEMENTS

Name James French HII

Page 1/\_ of 1/

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: tuture 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.	
nent; a leave or abs or continuing partici	

on Plan	on par manage of a former employee.	
Date	Parties To	Terms of Agreement
9-11-13	Delta Prust & Bank, Gorpand French Itili	Employment Agreement that includes severence and bondite selected in a change in control of DTB 0750.
•		

# 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	
•	