

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C.



02043569

OMB Approval	
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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  
 First Financial Banc Corporation Junior Subordinated Deferrable Interest Debenture **1157727**  
 Filing Under (Check box(es) that apply):  Rule 504  Rule 505  Rule 506  Section 4(6)  ULOE

Type of Filing:  New Filing  Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (  check if this is an amendment and name has changed, and indicate change.)  
 First Financial Banc Corporation  
 Address of Executive Offices (Number and Street, City, State, Zip Code)  
 214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730  
 Telephone Number (Including Area Code)  
 (870) 863-7000  
 Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
 (if different from Executive Offices) same as above  
 Telephone Number (Including Area Code)  
 same as above  
 Brief Description of Business  
 Bank Holding Company

Type of Business Organization  
 corporation  limited partnership, already formed  other (please specify):  
 business trust  limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month 03 Year 97  Actual  Estimated  
 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction) AR

PROCESSED  
JUL 31 2002  
THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partner issuers.

Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or Managing Partner

Full Name (Last name first, if individual)  
Alderson, Edwin B.

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or Managing Partner

Full Name (Last name first, if individual)  
Bullard, Jerry

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or Managing Partner

Full Name (Last name first, if individual)  
Cameron, J. Stephen

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or Managing Partner

Full Name (Last name first, if individual)  
Merkle, Robert

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or Managing Partner

Full Name (Last name first, if individual)  
Milam, John

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or Managing Partner

Full Name (Last name first, if individual)  
Murfee, Dr. Robert M.

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or Managing Partner

Full Name (Last name first, if individual)  
Nolan, Jeffrey W.

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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**A. BASIC IDENTIFICATION DATA**

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partner issuers.

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Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or  
Managing Partner

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Full Name (Last name first, if individual)  
White, L. Knox

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Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

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Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or  
Managing Partner

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Full Name (Last name first, if individual)  
Sewell, Gary

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Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

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Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or  
Managing Partner

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Full Name (Last name first, if individual)  
Moore Jr., James M.

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Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

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Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or  
Managing Partner

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Full Name (Last name first, if individual)  
Nolan Jr., William C.

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Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

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Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or  
Managing Partner

---

Full Name (Last name first, if individual)  
Jerry, Melissa

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Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

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Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or  
Managing Partner

---

Full Name (Last name first, if individual)  
Martin, Debra K.

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Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

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Check box(es) that Apply:     Promoter         Beneficial Owner         Executive Officer         Director         General and/or  
Managing Partner

---

Full Name (Last name first, if individual)  
Merkle Revocable Trust, Robert J. Merkle, Sr., Trustee

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Business or Residence Address (Number and Street, City, State, Zip Code)  
2205 West Oak, El Dorado, Arkansas 71730

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partner issuers.

Check box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Chandler, Stewart

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Gauthier, Shane

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Niel, Margaret Merkel

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Hegi, Chris

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
Smart, Stephen C.

Business or Residence Address (Number and Street, City, State, Zip Code)  
214 North Washington St., Suite 516, El Dorado, Union County, Arkansas 71730

Check box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**B. INFORMATION ABOUT OFFERING**

- |   |                                 |   |
|---|---------------------------------|---|
| 1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?   | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE.  |                                 |   |
| 2. What is the minimum investment that will be accepted from any individual?  | \$N/A                           |   |
| 3. Does the offering permit joint ownership of a single unit?   | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                                 |   |

Full Name (Last name first, if individual)

Keefe Bruyette & Woods, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

The Equitable Building, 787 Seventh Ave., 4th Floor, New York, NY 10019

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

FTN Financial Capital Markets

Business or Residence Address (Number and Street, City, State, Zip Code)

845 Crossover Lane, Suite 150, Memphis, TN 38117

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box  and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ 4,640,000	\$ 4,640,000
Equity .....	\$ 0	\$ 0
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ 0	\$ 0
Partnership Interests .....	\$ 0	\$ 0
Other (Specify _____).....	\$ 0	\$ 0
Total.....	\$ 4,640,000	\$ 4,640,000

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount Of Purchases
Accredited Investors .....	1	\$ 4,640,000
Non-accredited Investors .....	0	\$ 0
Total (for filings under Rule 504 only) .....		\$ _____

Answer also in Appendix, Column 4, filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	\$ _____
Regulation A .....	_____	\$ _____
Rule 504 .....	_____	\$ _____
Total .....	_____	\$ _____

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/>	\$ 0
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ 0
Legal Fees .....	<input type="checkbox"/>	\$ 25,000
Accounting Fees .....	<input type="checkbox"/>	\$ 0
Engineering Fees .....	<input type="checkbox"/>	\$ 0
Sales Commissions (Specify finder's fees separately) .....	<input type="checkbox"/>	\$ 135,000
Other Expenses (identify) Trustee's fees .....	<input type="checkbox"/>	\$ 1,100
Total .....	<input type="checkbox"/>	\$ 161,100

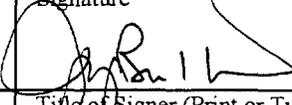
**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provision of such rule? ..... Yes  No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limiting Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
First Financial Banc Corporation		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Jerry Bullard	Chief Operating Officer	
		June 26, 2002

*Instruction:*

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Debentures	Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT		X	\$4,640,000	1	4,640,000	0	0		X
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Debentures	Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									