



Secretary of State of the State of Arkansas

PAID SOLICITOR NOTICE OF ENTRY INTO CONTRACT WITH CHARITABLE ORGANIZATION

Each paid solicitor, in accordance with Ark. Code Ann. §§ 4-28-407(c), is required to provide a copy of the contract between it and a charitable organization, no less than 15 days prior to the commencement of the performance of the contract.

The following must be submitted:

1. A Notice of Entry into Contract with Charitable Organization (Form PS-04);
2. A fully executed copy of the contract between the paid solicitor and the charitable organization. The contract must include certain information as required by Ark. Code Ann. § 4-28-407(d),
 - a. State the obligations of the paid solicitor and the charitable organization,
 - b. State the compensation to be paid by the charitable organization to the paid solicitor, and
 - c. Require the paid solicitor to deliver the names and addresses of all persons making contributions and the amounts of the contributions to the charitable organization; and
3. Ninety days after a solicitation campaign has been completed, and on the anniversary of the commencement of any campaign lasting more than one (1) year, you must file a Financial Report for the Campaign (Form PS-05).

This form and all attachments should be submitted via email to charities@sos.arkansas.gov. Incomplete submissions will not be accepted.

You are obligated to immediately update or revise any change in the information or documents submitted with the filing of Form PS-04. Changes or updates should be submitted on this form.

If you have questions or inquiries, please contact us via email at charities@sos.arkansas.gov, via phone at (501) 683-0094, or via mail to Arkansas Secretary of State's Office, ATTN: Charities Registration Bureau, 500 Woodlane Ave, Suite 256, Little Rock, AR 72201.

Section I. Organization Information

Federal EIN		SoS Filing Number	
Legal Name			
Address			
City		State	Zip
Web Address			
Telephone Number		Fax Number	
Designated Contact for Correspondence			
Designated Contact's Phone Number		Designated Contact's Email Address	

Section III. Contract Information

Legal Name of the Charitable Organization for whom the promotion is being conducted		
Address		
City	State	Zip
Web Address		
Telephone Number	Fax Number	
Term of the Contract __/__/____ to __/__/____		

AFFIRMATION

I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate.

Date

Name of Paid Solicitor

By:

Signature

Printed Name

Title

NOTARY

STATE OF _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 20____.

My Commission Expires:

Signature of Notary Public

County of Residence

Printed Name

STAMP or SEAL: