

## Secretary of State of the State of Arkansas

## FINANCIAL REPORT FOR SOLICITATION CAMPAIGN

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, a paid solicitor shall file a financial report as required by Ark. Code Ann. § 4-28-407(h).

The following must be submitted:

- 1. A Financial Report for Solicitation Campaign (Form PS-05);
- 2. An itemized list of expenses; and
- 3. The certification, under oath, of an authorized official of the paid solicitor and two authorized officials of the charitable organization, that the report is true and correct.

This form and all attachments should be submitted via email to <a href="mailto:charities@sos.arkansas.gov">charities@sos.arkansas.gov</a>. Incomplete submissions will not be accepted.

If you have questions or inquiries, please contact us via email at <a href="mailto:charities@sos.arkansas.gov">charities@sos.arkansas.gov</a>, via phone at (501) 683-0094, or via mail to Arkansas Secretary of State's, ATTN: Charities Registration, 1401 W. Capitol, Suite 250, Little Rock, AR 72201.

Section I. Contract Information			
Paid Solicitor Federal EIN	SoS Filing Number (If applicable)		
Legal Name of Paid Solicitor			
Charitable Organization EIN	SoS Filing Number (If applicable)		
Legal Name of Charitable Organization			
Term of the Contract/to			

Section II. Financial Report
Time Period Covered by Financial Report
/toto
Gross Revenue
\$
Total Expenses (Attach an itemized list of all expenses)
\$
Amount Paid To (or retained by) Charitable Organization
\$

NOTE: This form will be returned if it is not accompanied by an itemized list of expenses.

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## **AFFIRMATION OF PAID SOLICITOR**

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** ) 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

STAMP or SEAL:

Printed Name

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## AFFIRMATION OF TWO REPRESENATIVES OF CHARITABLE ORGANIZAITON

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

Date		Name of Charity	
	Ву:		
	·	Signature	
		Printed Name	Title
	<u>NOT</u>	ARY	
STATE OF	_ )		
COUNTY OF	) SS. )		
Subscribed and sworn to, before of, 20	re me, a Notary Pul	olic in, and for, said County and State, this	day
My Commission Expires:			
		Signature of Notary Public	
County of Residence			
		Printed Name	

STAMP or SEAL:

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I swear and/or affirm, under penalty of law,	that the foreg	oing representations are true and accurate	! <b>-</b>
Date		Name of Charity	
	Ву:		
		Signature	
		Printed Name	Title
	<u>NOTA</u>	<u>RY</u>	
STATE OF)			
COUNTY OF)	SS.		
Subscribed and sworn to, before me of, 20	, a Notary Pub	lic in, and for, said County and State, this	day
My Commission Expires:			
		Signature of Notary Public	
County of Residence			
		Printed Name	

STAMP or SEAL:

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