



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 charities@sos.arkansas.gov. Incomplete submissions will not be accepted.

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, 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 __/__/____ to __/__/____
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.

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

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:

AFFIRMATION OF TWO REPRESENTATIVES OF CHARITABLE ORGANIZATION

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

Date

Name of Charity

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:

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

Date

Name of Charity

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: