



## Secretary of State of the State of Arkansas

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### **FINANCIAL REPORT FOR SOLICITATION CAMPAIGN**

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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](mailto: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](mailto: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.

<b>Section I. Contract Information</b>	
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 __/__/__	

<b>Section II. Financial Report</b>
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 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:

