

Image# 202509129790057276

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Shoffner, Hallie, , ,			2. Candidate's FEC Identification Number S6AR00199		
(b) Address (number and street) PO Box 57		<input type="checkbox"/> Check if address changed			
(c) City, State, and ZIP Code Little Rock		AR 72202			
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Senate	6. State & District of Candidate AR 00		
		3. Is This Statement		<input checked="" type="checkbox"/> New (N)	OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) HALLIE SHOFFNER FOR ARKANSAS		
(b) Address (number and street) 600 E. CAPITOL STREET P.O. BOX 57		
(c) City, State, and ZIP Code LITTLE ROCK AR 72202		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Shoffner, Hallie, , ,	Date 09/12/2025
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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