

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ARKANSANS FOR DEMOCRACY AND JUSTICE		FEC IDENTIFICATION NUMBER ▼ C C00930966
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee NORTH COUNTRY STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2026
Mailing Address 230 SUNRISE AVE. STE B-314		Amount 400.00
City PALM BEACH	State FL	Zip Code 33480
Purpose of Expenditure DIGITAL MEDIA PRODUCTION / DIGITAL MEDIA PLACEMENT		Transaction ID : SE24.31831
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 04 / 17 / 2026
Name of Federal Candidate SHOFFNER, HALLIE, , ,		Office Sought: ☐ House District: _____ ☒ Oppose ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation MM / DD / YYYY
Category/Type		
Name of Federal Candidate		Office Sought: ☐ House District: _____ ☐ Oppose ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	400.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	400.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LANDERFELT, MICHAEL, , ,

Signature

Date

MM / DD / YYYY
04 / 18 / 2026