

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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee NORTH COUNTRY STRATEGIES LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2026 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 230 SUNRISE AVE. STE B-314			Amount 34000.00		
City PALM BEACH		State FL	Zip Code 33480		Transaction ID : SE24.31248
Purpose of Expenditure TEXT MESSAGES		Category/Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2026 M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate SHOFFNER, HALLIE, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 70000.00			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 34000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 34000.00					
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 M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2026 M M M / D D D / Y Y Y Y Y Y					