24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 / D D / Y Y Y Y

Full Name of Payee
NORTH COUNTRY STRATEGIES LLC

Mailing Address 230 SUNRISE AVE.
STE B-314

City: PALM BEACH | State: FL | Zip Code: 33480

Purpose of Expenditure
TEXT MESSAGES

Category/ Type

Date of Public Distribution/Dissemination
03 / 04 / 2026

Amount
36000.00

Transaction ID : SE24.30941

Date of Disbursement or Obligation
03 / 04 / 2026

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: 36000.00

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

Full Name of Payee

Mailing Address

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount

Date of Disbursement or Obligation
M M / D D / Y Y Y Y

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 ▶ 36000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 36000.00

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 03 / 06 / 2026