

Mark Martin, Secretary of State

Elections Division, Room 026
State Capitol
Little Rock, Arkansas 72201

Elections Division
Phone 501-682-5070
Fax 501-682-3408

**Candidate Information Form
& Receipt For
_____ Election Year**

Name of Candidate: _____

Office Sought: _____ District No. _____ Division No. _____
(if any) (if any)

Subdistrict No. _____, Position No. _____, County in which Candidate resides: _____
(if any) (if any)

Party Affiliation: Democratic _____ Republican _____ Libertarian _____ Green _____
Nonpartisan Judicial / Prosecutor _____ Other _____

Phone: (____) _____ *Please put the number you want released to the public.*

Permanent Address: _____ Campaign Address (if different from permanent address): _____

- 1 a. The Secretary of State has received a party certificate or other document showing Candidate's payment of filing fees, etc 1a. ____ or
b. Independent Candidate or Nonpartisan Candidate has either paid a filing fee or filed sufficient petition signatures 1b. ____
- 2. Candidate has completed and signed a Political Practices Pledge 2. ____
- 3. Candidate has been offered the opportunity to complete optional background information 3. ____
- 4. Candidate has received an information packet which includes: 4. ____
 - 1. Arkansas Election Calendar
 - 2. Campaign Finance Rules & Regulations
 - 3. Campaign Finance Forms
 - 4. Statement of Financial Interest

This receipt shall serve as verification that all filing procedures with the Secretary of State's office have been completed, and the above candidate is officially filed for the 20 _____ election ballot.

Candidate's Signature

Elections Division Staff

**** The following information is optional ****

Marital status: Married Single Gender: Male Female

Place of birth: _____ Date of birth: _____

Number of children: _____ Religion: _____ Occupation: _____

Schools attended: _____

Current office held (if any): _____

Previous public office(s) held (if any): _____

Email address: _____