

John Thurston, Secretary of State

State Capitol, Room 026
500 Woodlane Street
Little Rock, Arkansas 72201-1094

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 Physical 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. Information regarding filing of financial disclosure reports

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: _____