

Cole Jester, 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

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

Name of Candidate: _____

Office Sought: _____ House District No. _____
(If any)

Party Affiliation: Democratic ___ Republican ___ Libertarian ___ Other _____

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

Physical Address:

Campaign 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 petition signatures 1b. _____
2. Candidate has been offered the opportunity to complete optional background information 2. _____

Print name to appear on ballot: _____

(See Ark. Code Ann. § 7-7-305(c))

This receipt shall serve as verification that all filing procedures with the Secretary of State's office have been completed, and subject to petition review if necessary, 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: _____