

**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

**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: \_\_\_\_\_