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

Candidate Information Form & Receipt For Election Year

Name of Candidate:		
Office Sought:	District No Division No(if	any)
Subdistrict No, Position No, County	in which Candidate resides:	
Party Affiliation: Democratic Republican _	Libertarian	
Nonpartisan Judicial / Prosecutor	Other	
Phone: () Please put the num	mber vou want released to the public.	
,	Campaign Address (if different from permanent address):	
1 a. The Secretary of State has received a party certificate or other docu		
b. Independent Candidate or Nonpartisan Candidate has either par		
2. Candidate has completed and signed a Political Practices Pledge		
3. Candidate has been offered the opportunity to complete optional bac	ckground information 3.	
4. Candidate has received an information packet which includes:	4.	
 Arkansas Election Calendar 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 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 □ Place of birth:		
Number of children: Religion:		
Schools attended:		
Current office held (if any):		
Previous public office(s) held (if any):		
Email address:		