



CANDIDATE FILING FORM
AFFIDAVIT OF ELIGIBILITY

(To be completed and signed by candidate)

I, _____
(Printed name of Candidate)

do hereby state under oath that I am a resident and qualified elector of Garland County, Arkansas and I am eligible to seek the Republican nomination for the office of _____.

I hereby consent and acknowledge that the Secretary of the COUNTY COMMITTEE may make such independent investigation, as he/she deems necessary to determine my eligibility as a candidate; which investigations includes, but is not limited to the power to compel me to answer interrogatories. I understand that the investigation concerning my eligibility shall be concluded within two (2) weeks after the filing deadline.

Signed this _____ day of _____, 20____ (Signature)

Telephone _____ (home) _____ (work) _____ (Mailing Address)

_____ (mobile) _____ (City, State, Zip)

Email _____

STATE OF ARKANSAS
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____
Notary Public

My commission expires _____

RECEIVED \$ _____ FILING FEE _____ Secretary

_____ Cash _____ Check

*****Clip Here *****

COUNTY COMMITTEE
RECEIPT/ACKNOWLEDGEMENT FOR FILING

The Republican Party of Garland County, by the undersigned Secretary, hereby acknowledges receipt of \$ _____ filing fee from _____ for the office of _____ which fulfills the requirements of the Party. I further certify that the named person complies with the eligibility requirements of the office listed herein.

Dated _____ Republican Party Secretary

Note: Candidates should complete and file the top portion with the County Republican Committee Secretary. Secretary completes receipt and Candidates shall file the same in the office of the County Clerk (Ark Code 7-7-301)