



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 investigation 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[]

Telephone: [] Home

[] Work

[] email

[] (Signature)

[] (Mailing Address)

[] (City, State, Zip)

STATE OF ARKANSAS)
COUNTY OF []

Subscribed and sworn to before me this [] day of [], 20[]

My commission expires []

[] Notary Public

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