

STATEMENT OF CANDIDACY

CANDIDATES FOR DIRECTOR OR MAYOR
CITY ADMINISTRATOR FORM OF GOVERNMENT

Pursuant to ACA §14-48-109(a)(3)

STATE OF ARKANSAS

COUNTY OF _____

I, _____, being first duly sworn state that I reside at
_____ Street, City of _____, County and State
aforesaid; that I am a qualified elector of said city and the ward in which I reside; that I am a candidate for
nomination to the office of _____, to be voted on at the primary election to be held
on the ___ day of _____, 20___, and I hereby request that my name be placed upon the official primary
election ballot by nomination for such primary election for such office and I herewith deposit the sum of ten dollars
(\$10.00), the fee prescribed by law.

Signature of Candidate

Printed Name of Candidate