

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

State of Arkansas

83rd General Assembly

Regular Session, 2001

# A Bill

HOUSE BILL 1662

By: Representative White

## For An Act To Be Entitled

AN ACT TO AMEND ARKANSAS CODE 7-5-409 CONCERNING  
ABSENTEE VOTING MATERIALS; AND FOR OTHER PURPOSES.

## Subtitle

TO AMEND ARKANSAS CODE 7-5-409  
CONCERNING ABSENTEE VOTING MATERIALS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code 7-5-409(b) is amended to read as follows:

(b) If the applicant is registered or is otherwise eligible to vote absentee, the county clerk shall deliver or mail to the applicant or deliver pursuant to subsections (d)-(f) of this section to the person who delivers the application to the office of the county clerk pursuant to § 7-5-403 the following materials:

(1) An official ballot for each election named in the application;

(2) Instructions for voting and returning the ballot to the county clerk;

~~(2)(3)~~ A sealable envelope on which there shall be ~~no identifying marks~~ written or printed the words: "Ballot Only";

~~(3)(4)~~ A sealable envelope upon which shall be printed or written the words: "Return Envelope", the address of the county clerk, the precinct of the voter, and the words: "ABSENTEE BALLOT, . . . . . , . . . . . , ELECTION";

~~(4)(5)~~ A blank voter statement in the following form:

~~IF YOU PROVIDE FALSE INFORMATION ON THIS FORM, YOU MAY BE GUILTY OF~~

~~PERJURY AND SUBJECT TO A FINE OF UP TO \$10,000 OR IMPRISONMENT FOR UP TO 10 YEARS.~~

~~"I do swear that on the date of the election to be held, \_\_\_\_\_, I will be unavoidably absent from my voting precinct. I am a qualified, registered elector of the \_\_\_\_\_ (ward, precinct, or township) of \_\_\_\_\_, Arkansas.~~

"I reside at the address indicated on my application.

I have enclosed my ~~marked ballot in the envelope provided which I shall place with this statement and my ballot stub in a large envelope~~ ballot stub in the Return Envelope. I have enclosed my marked ballot in the Ballot Only envelope, which I will place in the Return Envelope. I will not vote again in this election.

~~—(Check one)~~

~~—..... I am personally delivering my ballot.~~

~~—..... I am mailing this ballot to the county clerk.~~

~~—..... I am hereby authorizing my relative or designated bearer (insert his or her name), \_\_\_\_\_, to deliver this ballot to the county clerk.~~

~~—..... I am hereby authorizing \_\_\_\_\_ (insert his or her name) as my authorized agent to deliver this ballot as I am medically unable to vote on election day. An affidavit verifying my medical status as unable to deliver the application or to vote on the day of the election is attached or has been provided with my application.~~

~~—The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine of up to ten thousand dollars (\$10,000) or imprisonment for up to ten years, or both, under federal or state laws.~~ THE INFORMATION I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE UNDER PENALTY OF PERJURY. IF I HAVE PROVIDED FALSE INFORMATION, I MAY BE SUBJECT TO A FINE OF UP TO TEN THOUSAND DOLLARS (\$10,000) OR IMPRISONMENT FOR UP TO TEN (10) YEARS, OR BOTH, UNDER FEDERAL OR STATE LAWS.

.....  
signature of voter

printed name of voter

address of voter

date of birth of voter

signature of designated bearer, relative or authorized agent

address of designated bearer, relative or authorized agent."

(6) An authorized agent authorization form, which may be printed on the back of the voter statement, as follows:

"AGENT AUTHORIZATION FORM

If applicable, fill out and sign this form and place it in the Return Envelope

I hereby authorize ..... (insert his or her name) as my authorized agent, to deliver this ballot as I am medically unable to vote on election day. An affidavit verifying my medical status as unable to deliver the application or to vote on the day of the election is attached or has been provided with my application.

signature of voter

printed name of voter

date of birth of voter"