

STATE OF ILLINOIS

DUPAGE COUNTY CLERK
ELECTION DIVISION

}
} SS.

DuPage County Clerk Election Division
421 N. County Farm Road
Post Office Box 1087
Wheaton, Illinois 60189-1087
Fax (630) 407-5630

AFFIDAVIT

The undersigned, after being duly sworn and upon oath, state the following:

1. I am the below-signed affiant.
2. I am affiliated with a political party, candidate, proponent for public question or governmental agency.
3. I am making the affidavit for the purposes of obtaining copies of computer tapes, computer discs, other electronic data processing information or other documents containing voter information from the DuPage County Clerk Election Division. Pursuant to statutes
4. I agree to pay, in advance of receipt of the requested information and/or data, the current cost of duplication, pursuant to statutes and as assessed by the DuPage County Clerk Election Division.
5. That the information or data so obtained will be used ONLY by political committees, governmental agencies or candidates and incumbent office holders for political office, for bona fide political purposes and SHALL NOT be used, under any circumstances, by political committees, governmental agencies or any other individuals for the purpose of commercial solicitation or other business purposes not provided for under the Election Code.
6. I understand that the use of the information or data so obtained for commercial or business purposes in violation of 10 ILCS 5/4-8, 5/5-7 and 5/6-35 is a Class 4 felony offense under the Criminal Code of the State of Illinois, and carries as a penalty a jail sentence of a minimum of one year and a maximum of three years,

And further, affiant sayeth not.

NAME OF APPLICANT: _____

ADDRESS: _____

SIGNATURE OF APPLICANT: _____

THE AFFIANT IS:

AN INCUMBENT OFFICE HOLDER OR CANDIDATE, OR PROPONENT FOR A PUBLIC QUESTION
FOR _____

REPRESENTS THE FOLLOWING POLITICAL COMMITTEE _____

OR REPRESENTS THE FOLLOWING GOVERNMENTAL AGENCY _____

Signed and sworn to by _____ before me this _____ day
(Name of Affiant)
of _____, _____

(Signature of Notary)

(NOTARY SEAL)