

**KANE COUNTY CLERK
REQUEST FOR VOTER DATA**

Name of Political Committee: _____
Name of Contact Person: _____
Address: _____

Telephone: _____
Voter Information Requested: _____

PLEASE SELECT THE REQUESTED FORMAT

- Comma Delimited Text File
- Tab Delimited Text File
- Microsoft Excel (Only available under 65,000 records)
- Microsoft Access

Mail to Address _____

OR

Hold for pickup

I, the undersigned, am aware that only those political committees registered pursuant to the Illinois Campaign Finance Act or the Federal Campaign Act are qualified to receive this data. I am also aware that this data can only be used for bonafide political purposes and shall not be used under any circumstances for purposes of commercial solicitation or other business purposes, and that to do so may result in substantial penalty.

(Chapter 10 ILCS 5/4-8, 5-7 and 6-35, Illinois Compiled Statutes)

Signature of Candidate, Treasurer or Chairman

Date

OFFICE USE ONLY

Date Received: _____
Amount Paid: _____