

APPLICATION FOR VOTING BY MAIL / EARLY VOTING DATA

Political committee name: _____

Street address: _____

City: _____ Zip: _____

Name of authorized committee officer: _____

Indicate committee officer position: Candidate _____ Chairman _____ Treasurer _____

Cell: _____ Office: _____ Fax: _____

Email address: _____

Running for office of: _____

I, the undersigned, understand that only bonafide political committees registered pursuant to the Illinois Campaign Finance Act or the Federal Campaign Act (or a governmental entity) are qualified to receive this data. I also acknowledge this data will be used only for bonafide political purposes, may not be shared with other organizations, 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. (10 ILCS 5/4-8, 5-7 and 6-35)

Signature: _____ Date: _____

Voter data may also be released to the following person:

Name: _____

Committee position: _____

Please return completed form

Via fax to: 847.984.5820

By email to: EarlyVoting@LakeCountyIL.Gov

By mail to: Lake County Clerk
18 North County Street, Room 101
Waukegan, IL 60085

OFFICE USE ONLY

Date Application Received: _____

Unit Code Number: _____

Campaign Disclosure OK: _____

Prepared by: _____

Data Current as of: _____