



**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 (CSV) File

Microsoft Excel

Delivery Method:

Mail to: _____

Email File To Me

Hold for Pickup

Email Address: _____

VERIFIED ON SBOE WEBSITE

Political committees MUST check the box below to agree to the following statement:

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, including, but not limited to, conviction of a class 4 felony. (Chapter 10 ILCS 5/4, 5-7 and 6-35, Illinois Compiled Statutes)

**Signature of Requestor (Candidate, Treasurer or
Chairman / Authorized signer for others)**

Date: _____

FOR OFFICE USE ONLY:

DATE RECEIVED _____

Staff Person: _____

Amount Paid _____