

ADAMS COUNTY CLERK
Request for Voter Data

Name: _____

Political Committee/Governmental Body: _____
(Committee must be registered pursuant to the Illinois Campaign Financing Act)

Address: _____

Telephone: _____

Information Requested: _____

Please select requested format:

**Microsoft Excel
(Email)**

Email: _____

Paper

Pick Up

When requesting paper format, the first 50
pages are free and the remaining pages
will be 50 cents each.

Mailing Address: _____

I, 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, 5-7 and 6-35, Illinois Compiled Statutes)

Signature of Candidate, Treasurer or Chairman

Date

FOR OFFICE USE ONLY

FOIA Officer: _____ Date Received: _____

Amount Paid: _____