STREET INDEX/VOTE BY MAIL PURCHASE ORDER

This agreement is between the following applicant and Los Angeles County Registrar-Recorder/County Clerk for the purpose of purchasing the street index of registered voters. Please print or type necessary information.

<table>
<thead>
<tr>
<th>Applicant's Name:</th>
<th>DATE ORDERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Business Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

Complete the following if information is requested on behalf of an organization or individual other than applicant.

<table>
<thead>
<tr>
<th>Organization/ Individual Name:</th>
<th>Telephone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Name of Individual Authorizing Applicant:</td>
<td></td>
</tr>
</tbody>
</table>

REQUESTING QUALIFICATIONS

- [ ] Political Campaign/Committee
- [ ] Media
- [ ] Legal
- [ ] Investigation
- [ ] Academic
- [ ] Private Vendor
- [ ] Governmental
- [ ] Other____________________________

For what purpose(s) are you requesting this information?

Candidate(s) (list each) | Proposed ballot measure(s) (list each)
------------------------------------------------------------------------
------------------------------------------------------------------------
[ ] Political Research | [ ] Recall
[ ] Scholarly Research | [ ] Governmental
[ ] Initiative/Referendum | [ ] Other____________________________

Election: information identifying the California candidate(s) or California ballot measure(s)

Candidate: information identifying federal, state, or local office

Committee for/against any initiative or referendum measure: information identifying the California initiative or referendum for which legal publication is made

Political: documentation establishing affiliation with the political organization

Scholarly: letter from a representative of the institution (professor, administrator, etc.) on the institution’s letterhead stating that the applicant is authorized to receive the data

Journalistic: a clear photocopy of press pass

Explain in detail your intended use of this information. If more space is needed, continue on another sheet of paper.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
DATA REQUESTED:
CHECK ONE □ REGULAR INDEX □ VOTED □ VOTE BY MAIL

Jurisdiction(s):

Voting History? Yes ☐ No ☐ List election date(s)

<table>
<thead>
<tr>
<th>ORDER:</th>
<th>CANDIDATE/COMMITTEE</th>
<th>OTHER</th>
<th>Total Price:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number Copies Requested:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Number Registered Voters:</td>
<td>N/A</td>
<td></td>
<td>1st Payment: $</td>
</tr>
<tr>
<td>3. Number of Pages:</td>
<td>N/A</td>
<td></td>
<td>2nd Payment: $</td>
</tr>
<tr>
<td>4. Price Per Page:</td>
<td>N/A</td>
<td>$.10</td>
<td></td>
</tr>
<tr>
<td>5. Price Per Thousand Names:</td>
<td>$.50</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. Handling Charge:</td>
<td>N/A</td>
<td>$1.60</td>
<td></td>
</tr>
<tr>
<td>7. Total:</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

PAYMENT NON-REFUNDABLE

NOTE: The Registrar-Recorder/County Clerk is not responsible for materials which are lost or damaged in the mail.

For requests made by mail, applicants must also include a copy of their driver’s license. Please be sure the driver’s license number, address, and birth date are legible.

AGREEMENT

Applicant and beneficiary, if applicable, hereby agree that the information set forth in the voter registration records will be used for the approved purposes, consistent with state law, as defined by Elections Code section 2194, California Code of Regulations section 19003, and Government Code section 6254.4.

Applicant and beneficiary, if applicable, further agree not to sell, lease, loan, or deliver possession of the registration information, or a copy thereof, or any portion thereof, in any form or format, to any person, organization, or agency without first submitting a new application and receiving written authorization from the Secretary of State to release such registration information.

Applicant and beneficiary, if applicable, agree to maintain information in a secure and confidential manner and notify the Secretary of State immediately of any violation or breach.

Applicant and beneficiary, if applicable, understand that it is a misdemeanor for a person in possession of voter registration information to use or permit the use of all or any part of the information for any purpose other than as permitted by law. (Elections Code section 18109)

Applicant and beneficiary, if applicable, agree to pay to the State of California, as compensation for any unauthorized use of each individual's registration information, an amount equal to the sum of fifty cents ($.50) multiplied by the number of times each registration record is used by the applicant and/or the beneficiary, if applicable, in an unauthorized manner. (California Code of Regulations sections 19001-19009)

I certify under penalty of perjury, under the laws of the State of California, that all of the information provided on this application is true and correct.

Executed on ______________________________ at ______________________________________________

Applicant's Name (printed) ________________________________ Driver's License Number: __________________

Signature of Applicant: _______________________________________________________________________

Office Use Only | Approved ☐ Denied ☐ | By: | Date: |

Receipt # ____________________________ | Check # ____________________________ | Picked up on ____________________________ |

Paid Cash | Mailed on ____________________________ |