

~ CONFIDENTIALITY AGREEMENT ~

WASHINGTON COUNTY (OREGON) DEMOCRATIC PARTY

This form is to be signed by the named member, witnessed by a WCDCC officer and kept on file in the official records of the Washington County Democratic Party prior to the Party furnishing the named member with any confidential materials.

The Washington County Democratic Party agrees to furnish the individual named below with certain confidential information relating to but not limited to certain voters, volunteers, activities and members of the Washington County Democratic Party.

By signing below, the named individual agrees to review, examine, inspect or utilize such confidential information solely for the purposes of political work on behalf of a candidate or the Washington County Democratic Party, and to otherwise hold such information secure and confidential pursuant to the terms of this Agreement.

The laws of Washington County and the State of Oregon shall govern this Agreement and its validity, construction and effect.

Failure to properly maintain and protect confidential or other information may be subject to criminal and/or civil prosecution.

AGREED AND ACCEPTED ON THIS DATE _____ / _____ / _____ BY:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

TITLE, PRECINCT: _____

SIGNATURE: _____

WCDCC WITNESS: _____

TITLE: _____

WITNESS SIGNATURE: _____