

# Affidavit of Assistance AV5

Note: This form must be completed by a person who assists a sick, physically disabled or illiterate voter in applying for or marking an advance voting ballot. Any such person who knowingly and willfully fails to sign and submit the statement on this form or who exercises undue influence on the voting decision of the voter shall be guilty of a severity level 9 nonperson felony. K.S.A. 25-1124(e)

## Person Providing Assistance:

**Name** \_\_\_\_\_

**Residence** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

## Advance Voter Information:

**Name** \_\_\_\_\_

**Residence** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

I hereby declare under penalty of perjury that I have rendered assistance in marking and/or transmitting the enclosed ballot of the above named voter. I further declare that I have not exercised undue influence and have marked the ballot as instructed by the sick, physically disabled or illiterate voter to whom the ballot was issued.

**Signature** **X** \_\_\_\_\_

For office use:

Date Affidavit Received \_\_\_\_\_