

Exhibit 27

Affidavit

Under penalty of perjury, the undersigned officials certify that they have read and understand their obligations under the Equitable Sharing Agreement and that the information submitted in conjunction with this Document is an accurate accounting of funds received and spent by the Agency under the Justice and/or Treasury Guides during the reporting period and that the recipient Agency is in compliance with the National Code of Professional Conduct for Asset Forfeiture.

The undersigned certify that the recipient agency is in compliance with the nondiscrimination requirements of the following laws and their Department of Justice implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity.

During the past fiscal year, has the Agency been part of any proceedings alleging discrimination by the Agency? Yes No
If you answered yes, complete Table H. Please disclose: (1) all proceedings pending before any court or administrative agency, (2) any non-discrimination laws the Agency has been found in violation of, and (3) any settlement agreements the Agency has entered into during the last fiscal year.

Agency Head

Signature: [Signature]
Name: David Hendershot
Title: Chief Deputy, Sheriff's Office
Date: 8/18/08

Governing Body Head

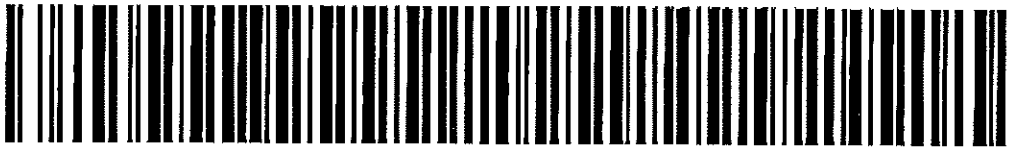
Signature: [Signature]
Name: Andrew Kunasek
Title: Chairman, Board of Supervisors
Date: SEP 03 2008

Final Instructions:

Step 1: Save this file using the two buttons below and e-mail the saved XML file as an attachment to aca.submit@usdoj.gov.

Step 2: Fax a signed copy of THIS PAGE ONLY to (202) 616-1344.

Note: The Agency will not be in compliance until the e-mail and the fax of this page are received.

FOR AGENCY USE ONLY	
Entered by <u>fo</u>	
Entered on _____	
FY <u>06/30/2008</u> NCIC <u>AZ0070000</u> STATE <u>AZ</u>	
AGENCY NAME <u>MARICOPA COUNTY SHERIFF'S OFFICE</u>	

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