

## APSA OF ILLINOIS POLITICAL ACTION COMMITTEE

| Company Name                 |   |
|------------------------------|---|
|                              |   |
|                              | Address, City, State, Zip   |
| ] I have enclosed a check ir | n the amount of \$  |
| l Please charge my credit c  | card in the amount of \$ For your convenience, we accept the following credit cards |
|                              | □ VISA □ MasterCard   |
| Card #_                      |   |
|                              | Exp. Date (Required):/ Amount:  |
|                              | Cardholder  |
|                              | Authorized Signature (Required)   |

Please return to:

APSA of Illinois PO Box 8196, Springfield, IL 62791-8196

State Board of Elections, Springfield, IL 62704