



APSA OF ILLINOIS
POLITICAL ACTION COMMITTEE

Yes, I would like to contribute to the APSA of Illinois legislative presence in Illinois. Please accept my contribution to the APSA of Illinois Political Action Committee.

Company Name

Address, City, State, Zip

I have enclosed a check in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

For your convenience, we accept the following credit cards

VISA

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Card # _____

Exp. Date (Required): ____/____ Amount: _____

Cardholder

Authorized Signature (Required)

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, Springfield, IL 62704

Please return to:

APSA of Illinois
6450 South 6th Street Road
Springfield, IL 62712-6818