Don, I want to help send you to Washington D.C. Enclosed is my contribution for:							
\$250 \$500	\$1000	_ Pri. Max: \$	3500	Pri. and Gen	. Max: \$7	000	
CONT	RIBUTION	METHOD	: PERSO	NAL CRED	IT CAF	RD	
Circle One: Visa M	/lasterCard	Discover	Americar	າ Express			
Number:			Security	y Code:		Ехр:	/
CONTRIBUTION METHOD: PERSONAL CHECK							
Make Checks Payable to: Don Tracy for Illinois Mail to: PO Box 135, Springfield, IL 62705							
	RE	QUIRED I	NFORM <i>A</i>	ATION			
ALL CONTRIBUTORS MUST COMPLETE THE BELOW SECTION. *Federal law requires political committees to use their best efforts to obtain and report the name, address, employer and occupation of individuals whose contributions exceed \$200.							
Name (as it appears on contribution method):							
Employer:	Occupation:						
Spouse's Information *required for joint contributions	Name:						
	Employer:	Occupation:					
Billing Address:		Cit	y:	St	ate:	Zip:	
Phone:		Ema	l:				
Signature of Contributor (both individuals if contributing jointly)							
My signature verifies that this contribution is made from my own funds and will not be reimbursed by any other person or entity; I am a U.S. citizen or lawfully admitted permanent U.S. resident.							
Maximum contribution allow amilies can give the maximum Qualified PACs may contribute.	um amount for	each family m	ember above	e the age of 18.	/General) is \$3500.	

^{*}Federal law prohibits contributions from corporations, labor organizations, federal government contractors (employees of government contractors may contribute), foreign nationals who lack permanent residence status, any person contributing another person's funds, or anyone under the age of 18.

^{*}Contributions are not deductible as charitable donations for federal income tax purposes.