

People for Schroeder CONTRIBUTION FORM

www.peopleforschroeder.com

Campaign Phone 773-879-0486

People for Schroeder
PO Box 2165
Chicago, IL 60690-2165

To contribute via check please fill out this form.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

Campaign finance law requires us to collect and report your occupation and employer. In some cases, **without this information we will be forced to refund your contribution.** Please do not leave blank or enter "N/A".

OCCUPATION: _____ EMPLOYER: _____

If not employed, please enter "not employed".
Complete even if self-employed.

If not employed, please enter "none".
If self-employed, please enter "self".

**Please make checks payable to:
People for Schroeder**

**and mail to:
People for Schroeder
P.O. Box 2165
Chicago, IL 60690-2165**

For campaign office use only:

CATEGORY: _____ **DETAIL:** _____ **REFERENCE:** _____

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, Illinois and from the County Clerk, 69 W. Washington, Suite 500, Chicago, Illinois.