HOME	BIO	ISSUES	EVENTS	CONTACT	SUPPORT	TESTIMONIALS
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				First Name:		
Your financial support will help me give District 1 a strong VOICE on the Will County Board.				Last Name:		
				Street Address:		
I'd like to contribute by check:						
				City:		
Please mo 'Conc Send to:	ake checks pay cerned Citizens	yable to: for Judy Ogalla'		State:	ZipCo	ode:
	x 713, Peotone	, IL 60468		Your Employe	er (required):	
				Your Occupo	ition:	
				Amount Co	ontributed:	
				Please submit my contribution 🔀		

A copy of our report filed with the State Board of Elections is (or will be) available on the <u>Board's official website</u> or for purchase from the State Board of Elections, Springfield IL. No portion of any contribution is deductible for income tax purposes as a charitable deduction.