

# POLITICAL ACTION FUND APPROVAL FORM

In order to make a personal contribution to WDPAC's Political Action Fund, you must print this form, complete it, sign and date it, and forward it to WDPAC as soon as possible to:

*Wholesaler-Distributor Political Action Committee (WDPAC)*  
*1325 G St NW, Suite 1000*  
*Washington, DC 20005*  
*FAX: 202-296-5940*

Yes! WDPAC has my company's approval to solicit my voluntary, personal contribution to WDPAC's Political Action Fund. I understand that our company may grant this permission to only one trade association political action committee which supports Federal candidates in calendar year 2008. Federal law requires political action committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

\* denotes required information

## CONTRIBUTOR INFORMATION:

\*First Name: \_\_\_\_\_ M: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

Circle one:

Mr.  
Mrs.  
Ms.  
Dr.

Email Address:  
\_\_\_\_\_

\*Phone Number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\*FAX Number

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Company Information:

\*Company Name: \_\_\_\_\_

\*NAW Direct Member: (circle one)

Yes No

\*Country: \_\_\_\_\_

\*Street: \_\_\_\_\_  
\_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip: \_\_\_\_\_

\*Annual Sales Volume:  
\_\_\_\_\_

\*Date:

\*Signature:

**\*Please select one:**

My personal contribution to WDPAC in the amount of \$ \_\_\_\_\_ will be made on-line using my personal credit card.

My personal check made payable to WDPAC in the amount of \$ \_\_\_\_\_ is attached.