



California Hospital Association
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FEDERAL ELECTION COMMISSION PRIOR AUTHORIZATION REQUIREMENT

Vj g'Hgf gtcn'Grgewkp'Eco r cki p'Cev'cpf 'tgi wv'vqpu'cpf 'qr kpkpu'qh'yj g'Hgf gtcn'Grgewkp'Ego o kuuqp '*HGE'+cmqy 'c'tcf g' cuuqek'vqpa'hgf gtcn'RCE'v'q'uqnek'o go dgt'eqtr qtcv'vqpu'ot gutlevf 'ercuu'o'y kj 'y tkwgp'r tkqt 'er r tqxcn'htgo 'yj g'eqtr qtcv'g' o go dgt'o'ot gutlevf 'ercuu'o'i gpgtcm' 'o gcpu' { qwt'ucrt'kgf 'cf o kplut'v'xg'cpf 'gzgew'xg'go r m' { ggu.'lj ctgj qif gtu.'cpf " hco kx' 'o go dgtu'qh'dqj 'i tqw u0

ÉEqtr qtcv'g'cr r tqxcn'ku'pgeguuct { 'dghqt g'yj g'tcf g'cuuqek'vqpa'qt'ku'Ugr ctcv'g'Ugi tgi cvgf 'Hw'pf 'o c { 'eqpf wev'c'uqnek'vqpa'=" cpf

Ék'p'c'r ct'vew'ct'ecrgpf ct' { gct'c'eqtr qtcv'g'p'o c { 'cwj qtk g'qpn' 'qpg'tcf g'cuuqek'vqpa'v'q'uqnek'ku't gutlevf 'ercuu'o' Ceeqtf kpi n' . { qw'o wv'f guki pcv'g'yj g'ecrgpf ct' { gct'ht' y j lej 'EJ RCE'ar'uqnek'vqpu'ctg'cwj qtk gf =y' g'cwj qtk v'vqpa' cwqo v'v'ecm' { 'gzr k'gu'qp'F gego dgt'53'qh'yj g'f guki pcv'g' { gct'o' [qw'o c { 'i tcpv'cr r tqxcn'ht' 'ugxg'cn' { gctu'lp'cf xcpeg'qp'yj g' uco g'cwj qtk v'vqpa'ht'o . 'dw'o wv'uki p'c'ugr ctcv'g'hp'g'ht' 'gcej 'ecrgpf ct' { gct'o

Complete the following form and mail to CHPAC or fax to 916-552-7692

CHPAC-FED PRIOR AUTHORIZATION FORM

(Please print the following information or attach business card.)

CHPAC-FED is authorized to solicit contributions from eligible employees of:

Hospital Name(s)/ System Name

Mailing Address, City, State, Zip

Hospital Executive Name Title

Email (required)

Please provide your signature authorizing for the following year(s) — approval can be given up to five years in advance:

2021 Signature

2022 Signature

2023 Signature

2024 Signature

2025 Signature