



## FEDERAL ELECTION COMMISSION PRIOR AUTHORIZATION REQUIREMENT

The Federal Election Commission requires “prior authorization” before a solicitation on behalf of AHAPAC can begin. You may only grant prior approval to one trade association for any calendar year.

Granting prior authorization to AHAPAC does not preclude employees of your hospitals or health system from contributing to other local or state candidates, or even your organization’s own federal or state PAC.

The Federal Election Commission limits individuals eligible to be solicited for AHAPAC as salaried employees with executive, managerial or supervisory administrative responsibilities within the hospital or health system. These may include employees who have policymaking, managerial, professional or supervisory responsibilities. It cannot include unionized employees, hourly employees or contractors. Please consult your counsel with questions about who may qualify.

## AHAPAC PRIOR AUTHORIZATION FORM

Please print the following information or attach business card: AHAPAC is authorized as the only federal trade association PAC to solicit contributions from eligible employees of:

\_\_\_\_\_  
Hospital Name

\_\_\_\_\_  
Mailing Address, City, State, Zip

\_\_\_\_\_  
Hospital Executive Name Title

\_\_\_\_\_  
Hospital Executive Email (Required)

Please provide signature authorizing the following year: \_\_\_\_\_  
**2024** Signature



**Please return this form to Stacy Dowdy via email or mail at:**

**Health PAC**  
110 W. Michigan Ave., Suite 1200 | Lansing, MI 48933  
Email: [sdowdy@mha.org](mailto:sdowdy@mha.org)

Contributions or gifts to the AHAPAC are not deductible as charitable contributions for federal income tax purposes. All contributions are voluntary and have no impact on your job status, performance review, compensation or employment. Any giving guideline is merely a suggestion. Any amount given or the decision not to give will not advantage or disadvantage you. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year (January-December).