

California Association of Health Underwriters Political Action Committee 2520 Venture Oaks Way, Ste 150 Sacramento, CA 95833 FPPC # 892177

CAHU PAC CONTRIBUTOR COMMITMENT FORM

| LAST NAME | | | FIRST NAME | | MIDDLE | | | | | |
|--------------------------|----------------------------------|---------------------------|---|------------------------|-----------------------|----------------------|----------------------|-------------------------------|---|--|
| OCCUPA | ATION (I | Required | for FPPC reporting pur | rposes) | | | | | | |
| EMPLOY | ER (if s | self empl | oyed, name of business | ; Requir | ed for FI | PPC rep | orting | purposes) | | |
| WORK A | ADDRES | S (Pleas | e provide street addres | s only, n | no P.O. B | oxes) [| Che | eck if address | for Credit Card | |
| CITY, STATE, ZIP | | | | PHONE | | | | FAX | | |
| HOME A | DDRES | S (Pleas | e provide street address | s only, n | o P.O. B | oxes) [| Che | ck if address | for Credit Card | |
| CITY, STATE, ZIP | | | | PHONE | | | | FAX | | |
| CONTACT EMAIL ADDRESS | | | | | LOCAL CHAPTER | | | | | |
| | | PR | ECIOUS GEM ST | ONE C | ONTR | IBUT | ION I | EVELS | | |
| Levels | | nual | Monthly Minimum | Diamond Levels | | | Annual | | Monthly Minimun | |
| Ruby \$250 - \$ | | • | \$21/month | One Star | | | \$1,000 - \$1,999 | | \$85/month | |
| merald \$500 - \$719 | | | \$42/month | Two Star | | | \$2,000 - \$2,999 | | \$170/month | |
| apphire \$720 | | - \$999 | \$60/month | | hree Sta | | | 00 - \$3,999 | \$250/month | |
| OTE: DOLITICAL CONT | | | | Four Star | | | \$4,000 - \$4,999 | | \$340/month | |
| | | | | Five Star | | | \$5,000 - \$6,000 | | \$420/month | |
| | | | RIBUTIONS ARE REP ER OF PUBLIC RECO | |) IO IHI | = FPPC | . YU | UR NAME, A | S A CONTRIBUTO | |
| | P/ | YMEN | IT METHOD: (atta | ach ch | neck o | r sele | ct m | ethod bel | ow) | |
| Payment Method | | | Card or Account # | | Exp. Date | Security Code | | Monthly Amount | One-Time Contribution | |
| neck Enclosed | | | | | | | | | \$ | |
| sa/MC/Amex | | | | | | | | \$ | \$ | |
| ıto-checking thdrawal | | PLEASE ATTACH A VOIDED CH | | HECK | | | | \$ | | |
| ecking accontinue to be | ount and e <mark>drawn</mark> | l or credit until CAF | Authorization: I (we) he t card. Monthly or one-tin HU PAC is notified in writin ation of these charges tha | ne debits ng to cea | to be ma se. I und | de as sl lerstand | nown al that if I | oove. Monthly should reque | contributions will st changes to the | |
| anod: | | | Date: | | | | | | | |

Please return this PAC Commitment Form to:

Mail: CAHU PAC 2520 Venture Oaks Way, Ste 150, Sacramento CA 95833

FAX: (916) 924-7323 Questions: (800) 322-5934

Revised: 10/2019