



## HOW YOU CAN HELP

HAH PAC needs your personal contribution, large or small, since none of us can carry the load alone.

With your contribution, you assist in the election of officials who help pass or defeat legislation and regulations that affect your organization every day.

Make a personal decision to support the principles of the healthcare industry.



Healthcare Association  
*of Hawaii*

Healthcare Association of Hawaii  
707 Richards Street, PH2  
Honolulu, Hawaii 96813

Phone: (808) 521-8961  
Fax: (808) 599-2879

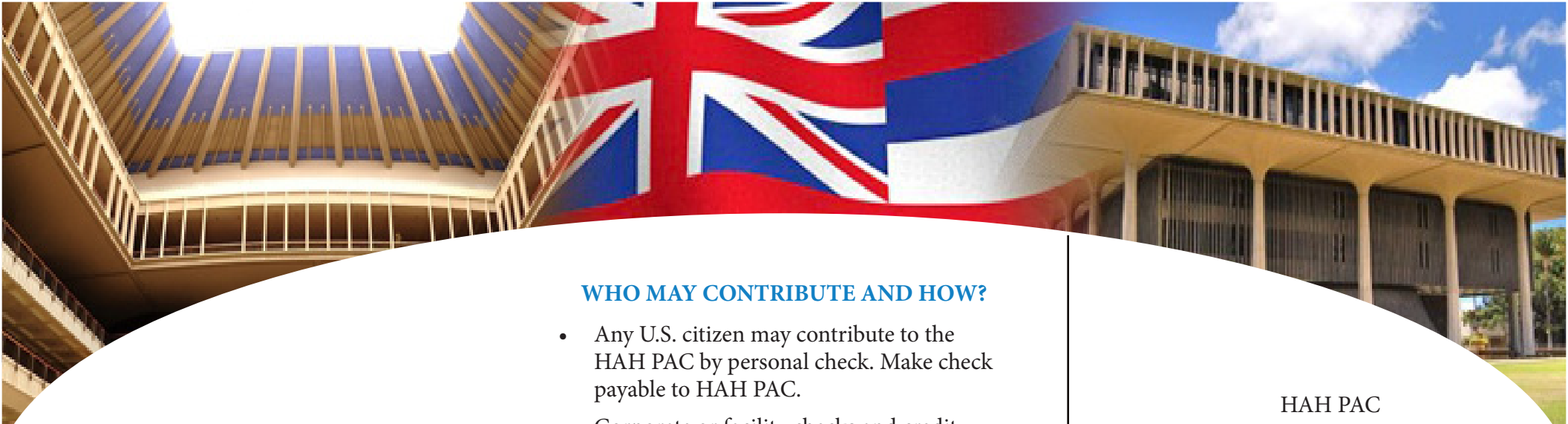
[communications@hah.org](mailto:communications@hah.org)  
[HAH.org](http://HAH.org)

## POLITICAL ACTION COMMITTEE

You can make an impact  
by supporting those  
who support healthcare!



Healthcare Association  
*of Hawaii*



### WHAT IS THE HAH POLITICAL ACTION COMMITTEE?

The Political Action Committee of the Healthcare Association of Hawaii (HAH PAC) is a committee, as defined in Hawaii Revised Statutes section 11-191, that has the purpose of making contributions or expenditures to influence the nomination for election or the election of any candidate to political office.

HAH established the HAH PAC to complement the legislative liaison activities through which staff, CEOs, administrators, and others provide state and county lawmakers with information and analysis of key legislative issues that are of interest to the healthcare industry.

### PURPOSE

The purpose of the HAH PAC is to support, through your contribution, those candidates for state and county elective offices who will work to advance the interests of the Association and its members.

### WHO MAY CONTRIBUTE AND HOW?

- Any U.S. citizen may contribute to the HAH PAC by personal check. Make check payable to HAH PAC.
- Corporate or facility checks and credit cards **cannot** be accepted.

### CONTRIBUTION LIMIT

Your contribution to the HAH PAC is limited, by law, to \$1,000 in the primary election period and \$1,000 in the general election period.

### NOTE

Contributions are not tax deductible.



### HAH PAC

Yes, I want to have an impact on the issues facing the healthcare industry today! Enclosed is my personal check payable to HAH PAC:

- \$1,000 Ilima Level**
- \$500 Pikake Level**
- \$250 Orchid Level**
- \$100 Friend of the PAC**
- Other \$ \_\_\_\_\_**
- I would like to make quarterly payments and have enclosed my first payment in the amount of \$ \_\_\_\_\_

*Please complete the following information and mail this form, along with your check to HAH at:  
707 Richards Street, PH2, Honolulu, Hawaii 96813*

\_\_\_\_\_

Full Name

\_\_\_\_\_

Home Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone

\_\_\_\_\_

Occupation

\_\_\_\_\_

Employer's Name

\_\_\_\_\_

Signature