

Employee Information			
Name			
Home address			
City	_ State		_ZIP
Email address			
Employer			
I agree to have the amount indicated below withhel amount to the Iowa Health Political Action Committ remain in effect until I instruct otherwise.			
Amount withheld per pay period \$	E	ffective date	
understand that the amount withheld is not tax deductible by me, and I hereby instruct my employer, 			
by to the Iowa Health Political Action Committee Treas	(employer name) in a reasonable and timely manner Treasurer.		
Employee Signature	٦٦	oday's date	

You will need to notify your Accounting Payroll Department to conduct the payroll deduction. Your payroll department will then send Iowa Health Political Action Committee a check for the amount indicated as above.

Upon completion, please email to: megan@iowahealthcare.org or mail to:

Iowa Health PAC 1775 90th Street West Des Moines, Iowa 50266

In compliance with state regulations, Iowa Health PAC can only accept personal checks or credit cards. Corporate contributions cannot be accepted. Contributions or gifts to Iowa Health PAC are not deductible charitable contributions for federal income tax purposes. Please do not seek reimbursement from your company for a political donation.

For more information about lowa Health PAC or compliance with accountability and disclosure requirements, go to www.iowahealthcare.org.

Political Action Committees in Iowa are regulated by <u>Iowa Code Chapter 68A.102</u> and the administrative rules at <u>Iowa Administrative Code Section 351</u>. <u>Chapter 4</u>.