

**Federal Election Commission Prior Authorization Form**

HOSPAC has both a federal and a state political action committee (PAC). The Federal Election Commission’s (FEC) federal campaign finance laws require federal PACs to have the CEO or an authorized individual who is eligible to sign for the PAC (i.e., PAC Board members and others authorized to make PAC decisions) grant permission to allow a PAC to ask for donations from the company’s eligible staff.

Under Federal law, once this Prior Authorization Form is signed by the CEO or by an authorized individual who is eligible to sign for the PAC, eligible staff can be asked to donate to HOSPAC’s federal PAC. Hospital employees are “eligible” to give to the federal HOSPAC fund if they fall into both of the following categories:

1. Are salaried employees of a THA member hospital; and,
2. Hold supervisory, managerial/administrative positions with professional responsibilities at your hospital.

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**HOSPAC Federal Prior Authorization Form**

***Please print the following information or attach a business card. Your signature and date are required.***

HOSPAC Federal is authorized to accept contributions from eligible employees of:

Hospital/Health Care System Name

Mailing Address, City, State, Zip

Hospital Executive Name Title

Email (required)

**Please provide signature(s) authorizing for the following year(s). Approval can be given up to five years in advance.**

2024 Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

2025 Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

2026 Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

2027 Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

2028 Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

**Please email this form back to wthomas@tha.org at your earliest convenience.**

**This form is kept on file for FEC compliance only.**

**For more information, call Wendy Thomas, 512/465-1044. Thank you.**