

# Physician Assistant Political Action Committee (PAPAC)

PO BOX 107  
Oklahoma City, OK 73104

**YES**, I want to contribute to the future of Physician Assistants in Oklahoma. My check is payable to PAPAC.

**Attention:** By state law, your contribution cannot be accepted without the information below. Please be sure this accompanies your gift.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_, OK Zip: \_\_\_\_\_

Occupation (e.g. "Physician Assistant"): \_\_\_\_\_

Employer: \_\_\_\_\_

1. I have enclosed my one time contribution. (Please fill in exact amount):

Diamond:  $\geq$  \$500.00 (\$\_\_\_\_\_)

Gold:  $\geq$  \$200.00 (\$\_\_\_\_\_)

Silver  $\geq$  \$100.00 (\$\_\_\_\_\_)

Bronze  $\geq$  \$50.00 (\$\_\_\_\_\_)

Individual  $\geq$  \$25.00 (\$\_\_\_\_\_)

Other: (\$\_\_\_\_\_)

2. The contribution listed in item 1 is for a campaign in the State of Oklahoma, and the contribution was freely and voluntarily given by me from my personal property. I have not, directly or indirectly, been compensated or reimbursed for the contribution listed in item 1.

Signature of contributor: \_\_\_\_\_