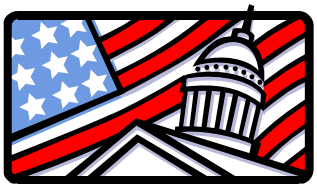

MAFP Political Action Committee

722 West High Street
Jefferson City, MO 65101
Phone: (573) 635-0830
www.mo-afp.org

What is the MAFP PAC?

Mo AFP PAC is the state political action committee of the Missouri Academy of Family Physicians. MoPAC is a special organization set up to collect contributions from a large number of people, pool those funds and make contributions to state election campaigns.

Where does my donation go?

MoAFP PAC will make direct contributions to candidates for the Missouri General Assembly (either State House of Representatives or State Senate), and statewide offices. Contribution decisions are made in a nonpartisan way based on candidates' positions, policies and voting records as they relate to family physicians and our patients. Direct contribution decisions are made by the PAC Committee.

I Already Pay My Dues? Isnôt That Enough?

Election laws prohibit the use of membership dues for donations to political candidates. Funds to be used for donations to candidates must be raised separately from membership dues. Voluntary MoPAC donations are what will enhance MAFP's clout in the elections and with elected members of the Legislature.

ñYour voice in the political process.ò

☐ **YES! I believe in Family Medicine and Iôm interested in investing in our future.**
Please accept my ☐ personal or ☐ corporate contribution:

☐ I would like to Join Club Jefferson ($104 annually) ☐ Other $_____

The Missouri Ethics Commission requires the following information for all contributions of $25.00 or more:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail Address: _____

I am aware of the political purposes of the MAFP PAC, understand that contributions to MAFP PAC are purely voluntary and that these suggested contribution amounts are only guidelines. I further understand that I will not be favored or disadvantaged by reason of the amount of my contribution or a decision not to contribute.

Contributions to the MAFP PAC are not tax-deductible for federal or state income tax purposes.

Payment is being made by: ☐ Check ☐ Credit card ☐ VISA ☐ MasterCard

Name on Card: _____

Today's Date: _____

Card # _____ - _____ - _____ - _____

Expiration date: _____

Signature _____

Make Checks Payable to:
MAFP Political Action Committee