



CarePAC

The Association for Home & Hospice Care of North Carolina

***What is CAREPAC?** The Association for Home & Hospice Care of North Carolina's (AHCN) Political Action Committee – or CAREPAC – was established in 1984 to give greater visibility and credibility to North Carolina's in-home health, hospice, and community-based service industry, primarily in the North Carolina General Assembly. CAREPAC bylaws provide that annual membership consists of those individuals who contribute to the political action fund during that calendar year.

***What does CAREPAC Do?** By raising funds from individuals who care about the future of in-home care, and making contributions to candidates for elected offices that also want to preserve and expand access to in-home services, CAREPAC is a vital access tool that serves the interests of our agencies and the patients they serve. With your support, CAREPAC will:

- Help increase the number of policymakers who will know about, and value, the high quality and cost-effective in-home services provided by North Carolina's in-home health, hospice, and community-based care agencies
- Give our sector of health care a stronger voice in government and work diligently to ensure that our citizens have equal access to all government funded programs and services

***How are CAREPAC Funds Spent?** CAREPAC funds are disbursed to legislators who support in-home care. Our Political Action Committee contributions are most productive when they are working in sync with in-home care providers involved in the political process who are providing care to the legislators' constituents. CAREPAC funds are disbursed according to established criteria which give greatest priority to incumbents and challengers who have made a home visit and incumbents who are in leadership positions or who chair committees with jurisdiction over issues that impact in-home services, payments and operations.

***Who May Contribute to CAREPAC?** Under State law, **only individuals** (not corporations) may contribute to a PAC. A home care or hospice agency may not contribute to a PAC. However, the agency's administrators, staff, and other interested individuals may contribute. Further, CAREPAC may only accept individual contributions in the form of a **personal** check, cash, or credit card. All CAREPAC funds are raised through personal contributions and from direct solicitation and special fundraising activities. All funds are required by law to be set aside in a special bank account. The Board of Directors submits a quarterly and annual report to the NC Board of Elections. To comply with State law, we must use best efforts to obtain, maintain, and submit the full name, mailing address, job title or profession, and employer's name or employer's specified field of business activity of individuals whose contributions exceed fifty dollars (\$50.00) in an election.

MEMBERSHIP REGISTRATION

Yes! I want to help educate and elect officials who are supportive of in-home health, hospice, and community-based services. I understand that **CAREPAC** needs my financial support to accomplish its legislative goals. I would therefore like to join at one of the following levels:

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| <input type="checkbox"/> \$1000 and above Home Care & Hospice Hero | <input type="checkbox"/> \$500-\$999 Capitol Ring |
| <input type="checkbox"/> \$300-\$499 Carolina Ambassadors | <input type="checkbox"/> \$100-\$299 Home Care Club |
| <input type="checkbox"/> \$10-\$99 Angels Society | <input type="checkbox"/> \$1-\$9 Supporter |

Choose one payment method:

CASH: I enclose \$ _____ for CAREPAC **CHECK:** I enclose my **personal** check for \$ _____ payable to **CAREPAC**.

Charge my **personal** Credit Card: ☐ MasterCard ☐ Visa In the amount of \$ _____

Name (as it appears on card): _____

Account Number: _____ Expiration Date: _____ Security Code _____

Signature: _____ I attest this is my personal card.

PLEASE COMPLETE (REQUIRED BY LAW):

Name: _____ Title/Position: _____

Name of Agency: _____ Email Address: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: (Work) _____ (Home) _____

RETURN TO:

★ ASSOCIATION FOR HOME & HOSPICE CARE OF NC POLITICAL ACTION COMMITTEE ★

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