

SUPPORT YOUR PROFESSION'S LEGISLATIVE EFFORTS

*The Success of Oklahoma Chiropractic's Efforts is
Not Just Dependent on the UCA LOBBYIST or the UCA BOARD
IT's FUNDING to SUPPORT our Legislative Friends at the Capitol
WE NEED YOUR HELP,!!*

ONLY the UNIFIED CHIROPRACTIC ASSOCIATION WORKS for ALL OKLAHOMA D.C.'S at the CAPITOL

The Unified Chiropractic Association Legislative Committee is asking every Chiropractor to contribute to the Political Action Committee Fund (UNIFIED-PAC). This is the only money we can lawfully use to support the campaigns of our friends in the legislature in order that they remain in office to help us lobby and vote for positive Chiropractic Legislation. Election debts from November are calling us now!!

Please! Donate the cost of at least one adjustment per month. That amount is affordable and accumulated with others into a "war chest" would make a big difference in Chiropractic's legislative success, most important in our ability to protect our "Practice Act" with more comprehensive language, as advised to the BOCE after a scare from the Osteopaths in 2002.

To strengthen Oklahoma Chiropractic in this state your contribution of \$35, \$40, \$50, \$75, \$100 or more per month or combined in a yearly sum is much needed and would be greatly appreciated. Keep in mind! We will only be as strong as the positive information and financial support we give the legislators. **Take another D.C. or two and buy your legislator(s) a cup of coffee or a lunch; but first call the UCA Executive Director for "talking points" and a Unified PAC check to hand them before you say goodbye.**

(Mail with your contribution to Unified PAC - P. O. Box 701678, Tulsa, OK 74170)

PAC Contributor Statement

Contributor's Name: _____, **Doctor of Chiropractic**

Address: _____

I acknowledge that on _____, 21 , I contributed or pledged \$_____.00 to the Unified Political Action Committee (Unified PAC)

_____ Personal check _____ Cashiers check _____ Money order _____ monthly bank drafts of \$_____

This contribution was freely and voluntarily given by me from my personal funds. I have not, directly or indirectly, been compensated or reimbursed for this contribution.

Signature: _____

(This form is required of all personal contributions by the Rules of the Oklahoma Ethics Commission)

Official Political Action Campaign (PAC) Bank Debit Contract

I, Dr. _____ hereby authorize the **Unified Chiropractic Association PAC** to initiate monthly debit entries of \$_____.00 from my PERSONAL checking account for one year or until **written** notification of my termination. (Please include a voided check)

Signature _____ **Date** _____