

The Ohio Academy of Nursing Homes, Inc.  
Two Miranova Place, Ste. 390  
Columbus, OH 43215

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here

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Two Miranova Place, Ste. 390  
Columbus, OH 43215  
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Victoria Gresh, Executive Director

## Political Action Committee!

Thank you for contributing to the Ohio Academy of Nursing Homes'

*It's a Fact...*



# The Ohio Academy of Nursing Homes' Political Action Committee

*Benefits You!*

# OANH PAC FACTS

★ **FACT:**  
Nursing homes in Ohio are heavily funded and regulated by government. Our government's decision-makers are those we elect to represent us. They have an obligation to listen to their constituents, including those who care for the frail and elderly in Ohio's nursing homes.

★ **FACT:**  
The Ohio Academy of Nursing Homes (OANH) maintains a strong relationship with those elected representatives and the staff they hire to implement their policies. Through strategic lobbying

efforts, the Academy has been able to prevent proposed cuts to Medicaid, secure more funding for its members and minimize additional regulations that we consider costly and inefficient. Just last year, the Academy successfully prevented a proposed three percent cut in Medicaid funding for nursing homes.

★ **FACT:**  
The Academy's political action committee (PAC) contributes to the campaigns of legislators who listen, understand and vote in favor of keeping Ohio's nursing homes adequately funded and efficiently regulated. This in turn allows nursing homes to adequately pay the salaries

of thousands of health care workers in Ohio's nursing homes.

★ **FACT:**  
The OANH PAC is largely funded by its membership through automatic payroll deductions. Thousands of small donations add up to make a difference. A small \$5 bi-weekly payroll donation by the many health care workers in Ohio's nursing homes can add up and allow the Academy to influence campaigns and get the right people elected in Ohio. Individually and collectively, the thousands of health care professionals in Ohio's nursing homes can make a difference.

## Here's What YOU Can Do!

Please consider doing your part for your profession and contribute to the OANH PAC.

I agree to participate in the OANH PAC payroll contribution plan (enrollment form below).

I authorize my employer to deduct the same amount from each payroll and contribute that amount to the OANH PAC. I understand that this is a voluntary program and I may stop contributing at any time. I also understand that unless I authorize termination of the payroll deductions, my employer will continue to automatically make the payroll deductions to be sent to the OANH PAC.

I hereby authorize the amount indicated below to be automatically deducted from each payroll and sent to the OANH PAC.

I would like to contribute the specified amount indicated below as an additional personal donation.



For payroll deduction, please provide a copy of the below form to your accounts payable department.

*Please mail bottom portion to address on reverse*

## Here's How YOU Can Make a Difference!

### Payroll Deduction:

- |                                 |                                 |                                 |                                   |
|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> \$1.00 | <input type="checkbox"/> \$2.50 | <input type="checkbox"/> \$4.00 | <input type="checkbox"/> \$5.50   |
| <input type="checkbox"/> \$1.50 | <input type="checkbox"/> \$3.00 | <input type="checkbox"/> \$4.50 | <input type="checkbox"/> \$6.00   |
| <input type="checkbox"/> \$2.00 | <input type="checkbox"/> \$3.50 | <input type="checkbox"/> \$5.00 | <input type="checkbox"/> \$ _____ |

### Additional Personal Donation:

*(Please make all personal checks to OANH PAC)*

Check \$ \_\_\_\_\_  
Check # \_\_\_\_\_

Credit Card \$ \_\_\_\_\_

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

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Administrator: \_\_\_\_\_ Email: \_\_\_\_\_

# of Beds: \_\_\_\_\_ County: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_