



**Advancing Our Values**



Robust debate over health care policy will continue at the state and federal levels. Supporting OHA-PAC is one way you can be sure that Oklahoma hospitals will have a meaningful voice in the outcome of these critical health care issues.

Working together, hospital and health system leaders and employees can help elect lawmakers who will guide policy conversations that advance our values of providing high-quality, affordable health care that positively impacts the health of Oklahomans and Americans.

### Who Can Give?

Federal campaign finance laws require OHA-PAC contributors to be Oklahoma Hospital Association (OHA) member hospitals' boards of directors, trustees, executives, administrative personnel, shareholders, and their families.

Executive and administrative personnel include full-time, salaried employees of OHA member hospitals, health systems, and clinics with policymaking, managerial, professional, or supervisory responsibilities.

Contributing to OHA-PAC must be voluntary and personal financial resources (not corporate dollars). Contributions cannot impact the contributor's job status, performance review, compensation, or employment. Any amount given or the decision not to give cannot advantage or disadvantage the contributor.

### Where does the money go?

One hundred percent of OHA-PAC contributions support candidates who understand hospital and health system commitments to their communities. The OHA-PAC Board uses political action dollars strategically and intentionally to elect Oklahoma state legislative candidates who support our industry and understand Oklahoma hospitals' concerns.

A portion of contributions is sent to the American Hospital Association (AHA) AHAPAC to help elect pro-hospital candidates to the U.S. Congress. None of the contributions are used for AHA staff salaries, overhead, or expenses. OHA-PAC and AHAPAC are nonpartisan political action committees.

### How to Give

To give, log in to [www.ohapac.com](http://www.ohapac.com). The password may be obtained by contacting OHA's government relations department. All OHA-PAC contributions must be personal finance resources, not business accounts. Credit card numbers and required personal information may also be given over the

phone by contacting OHA's government relations department. Checks may be delivered or mailed to OHA with the OHA-PAC Contribution Card (found on the back of this brochure) included. Cash will not be accepted.

### Authorization

The OHA acts as a collection agent on behalf of the AHA and must have prior authorizations from each member hospital CEO before requesting or accepting contributions from individuals employed by that hospital. These authorizations are required by the Federal Election Commission and a separate CEO signature must be on file with OHA for each year of contribution. A CEO may authorize up to five years in advance. Prior authorization forms may be received from and returned to OHA's government relations department.

### Goals and Awards

Fundraising goals for OHA member hospitals and systems are determined annually by the OHA-PAC Board, calculated by the number of beds in the hospital or system. Hospitals within a system are grouped together and the total number of beds in the system determines the goal amount for the entire system. Contributions from corporate headquarter employees are included in the system total.

Annual goals will be communicated to hospital and system CEOs by email.

OHA member hospitals and systems demonstrating outstanding support of OHA-PAC receive special recognition each year. The OHA-PAC Awards of Excellence are presented to the hospital that contributes the largest total amount to OHA-PAC, and to the hospital that contributes the largest amount per capita. These outstanding supporters of OHA-PAC receive a commemorative award to share with their employees and others responsible for this leadership.

## Club Levels and Benefits

<b>OHA PAC</b> Advancing Our Values	<b>1898 Society</b> (\$5,000 per year)	<b>Champions Club</b> (\$2,500 per year)	<b>Ben Franklin Club</b> (\$1,000 per year)	<b>Chairman's Circle</b> (\$500 per year)	<b>Capitol Club</b> (\$350 per year)
Invitations to special events at AHA national meetings	★	★	★	★	★
Recognition on the OHA-PAC contributor page, at OHA events and AHA national meetings.	★	★	★	★	★
Access to insider information	★	★	★	★	★
Invitation to AHAPAC Top Contributors reception and complimentary ticket to OHA Advocacy Reception	★	★	★	★	
Political updates with experts	★	★	★		
Priority seating at AHAPAC events	★	★			
Special recognition and invitations to AHAPAC special events	★				

All OHA-PAC contributions must be of personal financial resources.

Corporate contributions are prohibited by federal campaign finance laws.

Political contributions are not tax deductible.

## OHA-PAC Contribution Card

### Information required by state and federal campaign finance laws:

Contributor Name \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Home Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Full Name of Employer \_\_\_\_\_

Hospital organization to receive credit for your gift  
\_\_\_\_\_

I agree:

- ☐ My contribution to the OHA-PAC is voluntary and from my personal funds.  
☐ I have not been directly or indirectly compensated or reimbursed for my contribution.  
☐ I was informed of the purpose of OHA-PAC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- ☐ By checking this box, I am directing OHA to NOT send any of my contribution to the American Hospital Association. (Note: this makes you ineligible for AHA recognition and special events.)

- ☐ 1898 Society (\$5,000) ☐ \$250  
☐ Champions Club (\$2,500) ☐ \$150  
☐ Ben Franklin Club (\$1,000) ☐ \$100  
☐ Chairman's Circle (\$500) ☐ \$50  
☐ Capitol Club (\$350) ☐ \$25  
☐ Other \$ \_\_\_\_\_

☐ Enclosed is my personal check payable to OHA-PAC.

☐ Please charge my personal credit card.

☐ VISA ☐ Mastercard

AMEX and Discover are accepted via online contributions at  
[www.okoha.com/PAC](http://www.okoha.com/PAC).

Credit Card # \_\_\_\_\_

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

Name on card \_\_\_\_\_

Cardholder's Billing Address (including zip code)  
 \_\_\_\_\_

Signature \_\_\_\_\_

**Return to: Oklahoma Hospital Association  
 Political Action Committee  
 4000 Lincoln Blvd  
 Oklahoma City, OK 73105**