

# Be an **advocate** for education and labor!

Support OSEA's **Education and Labor Advocacy Fund** today; fill out the payroll deduction form on the back of this page

### Help support:

- A quality public education for all Oregon students
- Staffing and hours needed to meet educational mandates and standards
- A living wage and hours of work that qualify for employer-paid benefits
- Board and legislative candidates that support public education
- Public sector workers' right to organize or join a union
- In-house not outsourced delivery of public services

### What is the Education and Labor Advocacy Fund?

The Education and Labor Advocacy Fund (ELAF) receives contributions via authorized payroll deduction from members who support OSEA's efforts to secure adequate education funding, defend collective bargaining, protect PERS retirement benefits and advocate for the interests of OSEA members in the political and legislative arenas. This fund is also used to support local and state candidates and ballot measures. The contributions are voluntary and eligible for the Oregon political tax credit.

## *Education and Labor Advocacy*

# FUND

### What is the Oregon Political Tax Credit?

Oregon provides taxpayers an opportunity to take a tax credit of up to \$50 for contributions made during the tax year to candidate and ballot measure campaigns or to political action funds such as ELAF. Those filing a joint return can claim a tax credit up to \$100. The tax credit will either

increase your refund or reduce taxes owed.

Taking advantage of the tax credit means it doesn't cost you a dime to support OSEA's efforts to elect education- and labor-friendly candidates and support or oppose local and statewide ballot measures.

**How do you claim the tax credit?** Fill in line 37 of Form 40 (see example below):

Page 2 — 2013 Form 40

	32 Total tax before credits from front of form, line 31.....	32		.00
<b>NONREFUNDABLE CREDITS</b>	33 <b>Exemption credit.</b> If the amount on line 8 is less than \$100,000, multiply your total exemptions on line 6e by \$188. Otherwise, see instructions on page 20.....	• 33		.00
	34 Retirement income credit. See instructions, page 20.....	• 34		.00
	35 Child and dependent care credit. See instructions, page 21.....	• 35		.00
	36 Credit for the elderly or the disabled. See instructions, page 21.....	• 36		.00
→	37 Political contribution credit. See limits, page 21.....	• 37		.00
Include proof	38 Credit for income taxes paid to another state. State: •38y <input type="text"/> Schedule included 38z <input type="checkbox"/> .....	• 38		.00
	39 Other credits. Identify: •39x <input type="text"/> •39y \$ <input type="text"/> Schedule included 39z <input type="checkbox"/> .....	• 39		.00
	40 Total non-refundable credits. Add lines 33 through 39.....	• 40		.00
	41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-.....	• 41		.00

ADD TOGETHER

**Completed forms should be mailed to OSEA at 4735 Liberty Rd. S., Salem, OR 97302 or faxed to 503/588-8307.**

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# Education and Labor Advocacy

# FUND

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I authorize the employer to deduct from my salary (circle one or fill in line): **\$2 \$4 \$8 Other \$\_\_\_\_\_** per pay period and forward that amount to OSEA as my contribution to the Education and Labor Advocacy Fund (ELAF).

I understand I may revoke this authorization at any time by notifying my employer or OSEA in writing.

This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand that it is not a condition of union membership and that this money will be used to make political contributions to ELAF. I understand this money will be used to make political contributions by AFT/COPE and that AFT/COPE may engage in joint fundraising efforts with AFL-CIO.

I understand that contributions to ELAF are not deductible for federal tax purposes but may be eligible for the Oregon Political Tax Credit.

Contributions cannot be reimbursed or otherwise paid by any other person or entity.

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SIGNATURE

DATE

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## Member information

(Please print clearly in ink.)

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LAST NAME

FIRST NAME

MI

PREFERRED NAME

---

STREET ADDRESS

CITY

STATE

ZIP

---

MAILING ADDRESS (if different than street address)

CITY

STATE

ZIP

---

HOME PHONE

CELL PHONE

---

HOME EMAIL

WORK EMAIL

---

OSEA CHAPTER NAME & NUMBER

---

EMPLOYER

WORK SITE

---

JOB TITLE

DATE OF HIRE

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