

## Elected Official Endorsement Form

Please add my name to the list of endorsers of the campaign sponsored by the Single-Payer Action Network Ohio (SPAN Ohio) to put the Health Care For All Ohioans Act on the Ohio ballot through an initiative petition.

PLEASE PRINT

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

Office Held \_\_\_\_\_

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

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

Office Phone: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send this form to Single-Payer Action Network Ohio (SPAN Ohio)  
3227 West 25 St., Cleveland, Ohio 44109  
For more information, call 216-736-4766 or e-mail [span@spanohio.org](mailto:span@spanohio.org)  
Visit our website at [www.spanohio.org](http://www.spanohio.org)