

## **AUTHORIZATION FOR POLITICAL CONTRIBUTIONS**

Name (First, Last, Mi)	Home email	
Home Address (Street, Route or Box)		Apt
City	State	Zip
Social Security Number: Lo (Enter last four digits)	cal Association/Employer	
WASHINGTON EDUCATION ASSOC	CIATION POLITICAL ACTIO	ON COMMITTEE (WEA-PAC)
The Washington Education Association Political Action members and uses those contributions for political pexpenditures on behalf of, friends of public education are voluntary; making a contribution is neither a conchave the right to refuse to contribute without suffering an officer or employee in the terms and conditions of support or oppose, or (iii) in any way supporting or ocommittee.	urposes including, but not limited who are candidates for state and lition of employment, nor of mem g any reprisal. No employer or lal employment for (i) the failure to d	I to, making contributions to, and I local office. Contributions to WEA-PAC bership in the Association, and members for organization may discriminate against contribute to, (ii) the failure in any way to
Only U.S. citizens or lawful permanent residents may as charitable contributions for income tax purposes.	contribute to the WEA-PAC. Con	tributions to WEA-PAC are not deductible
No employer or other person may withhold a portion primary place of work is in Washington) in order to m Disclosure Commission or to a candidate for state or this form entitles the entity specified to make such a in effect until revoked in writing by the employee (wh Federal Way, WA 98063-9100.	ake contributions to a political co local office without written permi withholding. This authorization fo	ommittee that must report to the Public ssion from that individual. Completion of or withholdings and contributions remains
AUTHORIZATI	ON FOR PAYROLL DEDU	ICTION
To contribute to WEA-PA	C please check the appro	priate box below:
WEA-PAC: I, the undersigned, acknowledge that I am representing my bargaining unit is a WEA/NEA affiliar Association. With full knowledge of the information a from my salary to make contributions to WEA-PAC. N \$10.00 depending on the amount selected below. I ag thereafter unless written notice of revocation is given Washington School Districts may elect to make contributions will be discontinued.	te), the Washington Education As bove, I hereby authorize my empl lultiple authorizations will result i ree that this authorization shall b by me to WEA-PAC. Only certific	sociation and the National Education oyer to deduct \$5.00 or \$10.00 per month n only ONE deduction of either \$5.00 or e automatically renewed each year cated or classified personnel employed by
I authorize my employer to deduct the amount checke	ed below per month from my sala	ry to make contributions to WEA-PAC:
\$5.00 \$10.00		
Member's Signature	Date B	uilding Representative (optional)