



# IATSE PAC PAYROLL DEDUCTION AUTHORIZATION

*Please print clearly and complete all information.*

[www.IATSEPAC.net](http://www.IATSEPAC.net)

**IATSE PAC is a federally registered political action committee and the contributions it receives are used to support federal and state candidates and committees for the advancement of our Union and its members.**

## **YES, I'LL JOIN THE STAND UP, FIGHT BACK CAMPAIGN!**

**PLEASE CHECK THE BOX INDICATING YOUR LEVEL OF SUPPORT BELOW.**

I hereby authorize my Employer and/or its designated payroll processing service (hereafter known as "Employer") to deduct the amount indicated below from my paycheck at each payroll period and to remit such amount to IATSE PAC. Such deduction will commence as soon as reasonably possible after this authorization is received by my Employer, and shall be made only if sufficient funds remain after all withholdings and statutory and/or court ordered deductions have been made. I understand that participation in IATSE PAC is voluntary and is not a condition of membership in the union or employment. I understand that the contribution levels below are a suggestion; and that I may contribute more, less, or nothing without favor or fear of reprisal. I understand that this authorization will remain in effect until it is revoked or modified by sending written notice to my Employer and sending a copy of such notice to IATSE PAC.

### **IATSE PAC Suggested Support Levels**

1%

0.5%

0.25%

Other \_\_\_\_\_ % or \$ \_\_\_\_\_

*of gross wages per pay period*

NAME \_\_\_\_\_  
First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ LOCAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TITLE/OCCUPATION \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Federal law requires IATSE PAC to report the name, mailing address, occupation, and employer of individuals whose aggregate contributions exceed \$200 in a calendar year. Contributions are not deductible as charitable contributions for federal income tax purposes. No part of my contribution will be used to pay administrative expenses of the PAC. IATSE PAC may only accept contributions from IATSE members, retirees, staff, and their families; or individuals referred to work under IATSE contracts that have the intention of becoming members — who are U.S. citizens or valid green card holders.

#### **RETURN THIS FORM TO US BY:**

##### **MAIL**

IATSE PAC, PO Box 579, Port Tobacco, MD 20677

##### **EMAIL**

IATSEPAC@iatse.net

##### **FAX**

301-645-0117

**INTERNAL USE ONLY: IATSE PAC ID** \_\_\_\_\_

A Multi-Candidate PAC \* FEC Committee ID# C00344325

Printed In House