

Attachment B

POLITICAL CONTRIBUTION WITHHOLDING AUTHORIZATION

I, _____, authorize _____
First Name Middle Initial Last Name Name of Employer or Other Person

to withhold \$ _____ per pay period from my earnings Amount
to make political contributions to _____.
Name, City and State of union or other Political Committee(s)

This authorization is effective as of the date signed by me and continues to be valid until revoked in writing by me.

I understand that I may revoke this authorization at any time in writing.

Signature: _____ **Date:** _____

According to state law, no employer or labor organization may discriminate against an officer or employee in the terms or conditions of employment for (a) the failure to contribute to, (b) the failure in any way to support or oppose, or (c) in any way supporting or opposing a candidate, ballot proposition, political party, or political committee.