



**SUFFOLK COUNTY COURT
EMPLOYEES ASSOCIATION, INC.**

1363-24 Veterans Memorial Highway
Hauppauge, New York 11788
Phone (631) 231-3983 • Fax: (631) 231-3986



JOHN TUFARELLA

President

RAYMOND TREZZA

1st Vice President

LINDA SCRIO

2nd Vice President

JAMES VERGANO

Secretary-Treasurer

DANIELLE VIOS

Recording Secretary

I hereby voluntarily direct and pay over the Political Educational Committee a specific amount of contributions to be paid out of my wages by employers on my behalf.

The PAC has suggested a guideline of \$1.00 per paycheck. Unless I have otherwise indicated another amount, or no amount, below, I hereby authorize my employer to pay the amount of \$1.00 per paycheck to this PAC.

This Authorization is voluntarily made and is based on the following: (1) the \$1.00 per paycheck is only a suggestion, and I understand that I may contribute more or less than the suggested amount, or that I don't have to make any contribution whatsoever to the PAC: (2) neither the Union nor my employer may require me to contribute a specified amount or any amount to the PAC: (3) neither the Union nor my employer will favor or disadvantage me in any way by reason of the amount of my contribution to the PAC or my decision not to make any contribution, either by way of discriminating against my employment or Union membership: (4) contributions to the PAC will be used for political purposes, including, without limitation, making contributions to and expenditures in connection with, candidates and campaigns for state and local offices or positions and addressing issues of importance to the Union: (5) this authorization shall remain in full force and effect and it shall be binding on each and every employer for whom I work until revoked by me in writing to the PAC.

Instead of a contribution of \$1.00 per paycheck, suggested by my Union, I wish to make a contribution of

\$ _____ Per paycheck to the PAC.

Contributions of gifts to the PAC **ARE NOT** deductible as charitable contributions for Federal Income Tax purposes.

****Please Print Clearly****
Bolded areas MUST be filled out

Name: First (Mr./Mrs./Ms) Middle Last (Jr/Sr/I/II/III/etc)

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Local Union **Last 4#SS** **Date Of Birth**

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HOME Address:

Date:

Signature:

--	--

Check No.

Date

\$

Donation Amount