

OkACTE PAC *Oklahoma Association of Career & Technology Education Political Action Committee*

Committed to the Future of Oklahoma Career & Technology Education

NAME		SSN	
HOME ADDRESS	STATE	ZIP	HOME PHONE
SCHOOL/ORGANIZATION	DIVISION		JOB TITLE

I understand that the OkACTE PAC solicits personal contributions to provide financial assistance to political candidates who support career and technology education according to the OkACTE PAC Bylaws. OkACTE PAC contributions do not have any implications on OkACTE membership.

Attached is my contribution of \$ _____ to the OkACTE PAC, which entitles me to a one-year membership.

Check # _____

Visa MasterCard

Credit Card # _____

Expiration Date _____ Amount \$ _____

Payroll Deduction Authorization*

I hereby authorize my employer to deduct from my salary and pay to the OkACTE PAC according to payroll deduction procedure, a monthly contribution of \$ _____ totaling \$ _____ per year. (Tech Centers Only)

*Payroll deduction is dependent upon local school policy and capability. Please consult your local school business manager.

CONTRIBUTOR STATEMENT REQUIRED BY THE ETHICS COMMISSION: This contribution was freely and voluntarily given by me from my personal property. This is not a corporate check. I have not, directly nor indirectly, been compensated nor reimbursed for the contribution.

MEMBER SIGNATURE	DATE
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