



WASHINGTON STATE  
NURSES ASSOCIATION  
**POLITICAL  
ACTION  
COMMITTEE**

Political Contribution Withholding Authorization			
I, _____		authorize _____	
First Name	M.I.	Last Name	Employer
to withhold: (choose one) <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$_____ per month from my			
earnings to make political contributions to the <b>Washington State Nurses Association Political Action Committee (WSNA PAC).</b>			
Signature: _____		Date: _____	

No employer or other person may withhold a portion of a Washington State resident's earnings (or that of a nonresident whose primary place of work is in Washington) in order to make contributions to a political committee that must report to the Public Disclosure Commission or to a candidate for state or local office without written permission from that individual. Completion of this form entitles the entity specified to make such a withholding. This authorization form remains in effect until revoked in writing by the employee.

*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.*

Contributions to the WSNA PAC are not deductible for federal income tax purposes.

Please submit signed forms and direct questions to WSNA's Government Affairs team:  
[gov@wsna.org](mailto:gov@wsna.org).