| AUTHORIZATION FOR MY EMPLOYER                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                      | (Name of Employer)                                                                                                                                                                                                             |                                                                                                                                                                          |
| TO DEDUCT O                                                                                                                                                                                                                                                                                                                          | CONTRIBUTIONS TO THE J.B. MOSS VOTE FUND                                                                                                                                                                                       |                                                                                                                                                                          |
| <b>A.</b> I hereby assign to the J.B. Moss Voice of the Electorate (VOTE) Fund from any wages earned or to be earned by me as your employee, \$1.00 per pay period, unless I specify a different amount per pay period in the following space: I also understand that the \$1.00 per pay period amount above                         |                                                                                                                                                                                                                                |                                                                                                                                                                          |
| is only a suggestion and that I am free to change the amount, cand direct you to deduct such amount and to remit same to the Union, at any time while this authorization is in effect. This authorization, and with the understanding that my contributions. This authorization of deduction of contributions to the J.B. Mo. Union. | or to refuse to contribute to the J.B. Moss VOTE Fund<br>the J.B. Moss VOTE Fund monthly, in such manner as a<br>thorization for deductions which are to be forwarded<br>will be used for contributions and expenditures in co | d, without being disadvantaged. I authorize agreed upon between the Employer and the d to the J.B. Moss VOTE Fund is signed annection with political election campaigns. |
| Official.                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                          |
| (Signature of Employee)                                                                                                                                                                                                                                                                                                              | (Print Name)                                                                                                                                                                                                                   | /                                                                                                                                                                        |
| (Home Address: City, State, Zip)                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                |                                                                                                                                                                          |
| (Except as prohibited or modified by state law, this authorization is applicable                                                                                                                                                                                                                                                     | in all states)                                                                                                                                                                                                                 |                                                                                                                                                                          |