

# OVA PAC Oklahoma Vocational Association Political Action Committee

Committed to the Future of Oklahoma Vocational Education

\_\_\_\_\_  
Name SSN

\_\_\_\_\_  
Home Address State ZIP Home Phone

\_\_\_\_\_  
School/Organization Division Job Title

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

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

**Cash**       **Check #** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_  VISA     MASTERCARD     DISCOVER

Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Payroll Deduction Authorization\***

I hereby authorize my employer to deduct from my salary and pay to the OVA PAC according to payroll deduction procedure, a monthly contribution of \$ \_\_\_\_\_ totaling \$ \_\_\_\_\_ per year. (AVTS's 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

Mail this form to: OVA PAC, 4545 N Lincoln, #159, Oklahoma City, OK 73105