PACE: A VOICE FOR RETIREE ISSUES

As retirees, elections continue to matter. We must support genuinely proeducation candidates who will fight for our pensions, benefits, and values. In order to protect our benefits, we need to elect pro-teacher candidates at every level of government.

With a stronger PACE, our voice can be greatly amplified to defend our retirement pensions and our healthcare.



Retiree Contributions to PACE Go Directly to Political Work!

Political Action Council of Educators (PACE) funding supports candidates who will defend our pensions and protect our health care.

> **RETIREES JOIN PACE**

YOUR PACE FUNDS AT WORK:

96% School Board Candidates

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2% State Legislative Candidates

2% Ballot Measures



UTLA PACE is the union's political voice. Retirees need to be part of that voice.

We are in a fight against budget cuts and an aggressive privatization agenda that puts our pensions, our health benefits, and our schools at risk.
Political action, powered by PACE, protects our health care and our pensions by supporting strong candidates for the school board and state legislature.

JOIN PACE TODAY! Must be a UTLA-R Member to join/contribute to UTLA-R PACE

I authorize CaISTRS to augment my dues by the following additional amount and to deduct the same amount each month. All of which will go to UTLA-PACE, a non-federal separate segregated fund of UTLA-R. To discontinue deduction, I agree to notify UTLA-PACE in writing to 3303 Wilshire Bivd., 10th Fioor, Los Angeles, CA 90010. I hereby acknowledge the following: (a) I am a retiree and member of UTLA-R; (b) I am a U.S. citizen or permanent resident; (c) I recognize the political purpose of the PAC and the uses of contributions to the PAC; (d) I am voluntarily authorizing the CaISTRS deduction; and (e) I am not a minor.

| We must report the name, address, occupation, |
|---|
| and name of employer of each contributer. |
| - |

\$5/month \$10/month \$20/month

Other____

| Name: | LAUSD Emp #: |
|--|----------------|
| Email Address: | Cell Phone |
| Street Address: | Land Phone |
| City/State/Zip: | |
| | Date: |
| | |
| (Required in order to deduct donation from your retirement warrant.) | . Retired Date |
| if not retired, please list your occupation and employer: | |