

State of Wisconsin
Department of Employee Trust Funds



Teachers Retirement Board Election
Public School Teacher Seat
§ 15.165(3)(a)1

Instructions

1. To be eligible as a candidate for this election, petitions containing **at least 25 but no more than 50 valid signatures** must be received by the Department of Employee Trust Funds no later than **4:30 p.m., Friday, October 21, 2016**. We recommend you obtain more than 25 signatures in the event we are unable to read some of the entries during the certification process. Feel free to duplicate the enclosed *Nominating Petition* form as many times as you wish.
2. Candidates must complete the *Candidate Information* form and submit biographical information of *150 words or less*. Include information you feel will be relevant to your candidacy. Voters will want to know:
 - career history;
 - how long you have been covered under the Wisconsin Retirement System; and,
 - any experience you may have in your career or personal life that relates to retirement and benefit issues.
3. Please provide a “head and shoulders” digital photo suitable for publication (high resolution, at least 300 dpi, full color, .jpg file). It will be, with the biographical information described above, made available to all voters.
4. Your nominating petitions, biographical statement and photo *must be received* at the Department of Employee Trust Funds by 4:30 p.m. on Friday, October 21, 2016, in order to place your name on the ballot. Please mail all documents, except photo, to:

Teachers Retirement Board Liaison
Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

Please send your photo electronically to BoardElections@etf.wi.gov the same day you mail your packet, noting in the email that you have mailed your packet.

5. All candidates will be informed of the election results by May 1, 2017.

State of Wisconsin
Department of Employee Trust Funds



Teachers Retirement Board Election
Public School Teacher Seat¹
§ 15.165(3)(a)1

Candidate Information			
Name (first, middle initial, last) <i>This name will be on the ballot</i>			
Address (include apartment, if applicable)	City	State	ZIP code
Phone numbers (home)	(cellular)	(business)	
Email address			
School district employer	Name of school		
Signature			Date

ETF Contact: Teachers Retirement Board Liaison
Department of Employee Trust Funds
PO Box 7931
Madison, WI 53707-7931
608.266.0301

BoardElections@etf.wi.gov

Attachments: Biographical Information Form
Nominating Petition

Note: Eligible candidates for this seat **include** all currently employed public school teachers except those employed by the School District of Milwaukee, by Wisconsin Technical College System districts or by the University of Wisconsin System.

Candidate Biographical Information (150 words or less)

Please include information you feel will be relevant to your candidacy for election to the board. Voters will want to know:

- where and how long you worked;
- how long you have been covered under the Wisconsin Retirement System; and,
- any experience you may have in your career or personal life that relates to retirement and benefit issues.

This information will be shared with voters as part of the election process.

Signature

Name (print clearly)



Nominating Petition
 Teachers Retirement Board
 Public School Teacher Member*
 § 15.165(3)(a)1

Wisconsin Department
 of Employee Trust Funds
 801 W Badger Road
 PO Box 7931
 Madison WI 53707-7931
 1-877-533-5020 (toll free)
 Fax 608-267-4549
 etf.wi.gov

We, the undersigned, hereby nominate _____ of _____,
 (printed name) (address)

as a candidate in the election for a Public School Teacher member of the Teachers Retirement Board for a term of office effective May 1, 2017. We certify that we are public school teachers who are participating employees under the Wisconsin Retirement System. We further certify that we have not signed a nomination petition for any other candidate for the aforesaid office.

Name: first, middle, last <i>Print Clearly</i>	Birth date (MM/DD)	Employer, Name of school district	Name of school	Signature	Date (MM/DD/CCYY)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Nominee Certification

I certify that I am a public school teacher participant of the WRS. I further certify that, to the best of my knowledge and belief, the persons signing this petition were, at the time of signing, public school teacher participants of the WRS. If elected, I agree to serve a term as a Public School Teacher member of the Teachers Retirement Board, effective May 1, 2017, and expiring in 2022.

Signature of nominee		Date (MM/DD/CCYY)		Telephone Work:
				Home:
Address	City	State	ZIP code	Email address