

State of Wisconsin  
Department of Employee Trust Funds



Employee Trust Funds Board Election  
Wisconsin Retirement System (WRS) Annuitant Seat  
§ 15.16(1)(d)

**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., Monday, November 3, 2014**. 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 photograph suitable for publication (high resolution .jpg file). It will be used with the biographical information made available to all voters.
4. All Nominating Petitions, biographical statement, and photograph must be received at the Department of Employee Trust Funds by 4:30 p.m. on Monday, November 3, 2014, in order to place your name on the ballot. Please mail all documents, except photo, to:

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

Please e-mail your photo to [BoardElections@etf.wi.gov](mailto:BoardElections@etf.wi.gov) the same day you mail your packet, noting in the e-mail that you have mailed your packet.

5. All candidates will be informed of the election results by May 1, 2015.

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**CANDIDATE INFORMATION**

Type or print (this name will be printed on the ballot):

NAME: Last			First			Middle Initial		
ADDRESS:			City		State		Zip	
PHONE NUMBERS : Home		Cell		Office				
( )		( )		( )				
E-MAIL ADDRESS:								
NAME & ADDRESS OF LAST WRS EMPLOYER BEFORE RETIREMENT:								
SIGNATURE:						DATE:		

**ETF Contact:** Employee Trust Funds Board Liaison  
Department of Employee Trust Funds  
PO Box 7931  
Madison, WI 53707-7931  
608.266.0301  
[BoardElections@etf.wi.gov](mailto:BoardElections@etf.wi.gov)

Attachments: Biographical Information Form  
Nominating Petition

**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.

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Name (print clearly)

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Signature



## NOMINATING PETITION

Employee Trust Funds Board  
 Wisconsin Retirement System (WRS) Annuitant Member  
 § 15.16(1)(d)

We, the undersigned, hereby nominate \_\_\_\_\_ of \_\_\_\_\_,  
*(Name of Candidate-Printed)* *(Address)*

as a candidate in the election for the WRS annuitant seat on the Employee Trust Funds Board for a term of office effective May 1, 2015. We certify that we are annuitants (retired) who were participating employees under the Wisconsin Retirement System (WRS). 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** Month/Day	Name & Address of Last WRS Employer Before Retirement	Signature	Date (MM/DD/CCYY)
1.				
2.				
3.				
4.				
5.				
6.				

### NOMINEE CERTIFICATION

I certify that I am an annuitant member 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, annuitants in the WRS. If elected, I agree to serve a term as the WRS annuitant member of the Employee Trust Funds Board, effective May 1, 2015.

Date (MM/DD/CCYY)	Signature of Nominee	Telephone Number Work: Home:
Address _____ City _____ State _____ Zip Code _____		E-mail Address: _____