

State of Wisconsin
Department of Employee Trust Funds



Teachers Retirement Board Election
§ 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 in the Department of Employee Trust Funds by **4:30 p.m., Friday, November 1, 2013**. 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 (the school district/name of school you currently work for, how long you've worked there, previous schools districts);
 - 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" 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 Friday, November 1, 2013, 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 e-mail that you have mailed your packet.

5. All candidates will be informed of the election results by May 1, 2014.

State of Wisconsin
Department of Employee Trust Funds



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

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 ()		Cellular ()		Office ()				
E-MAIL ADDRESS:								
SCHOOL DISTRICT EMPLOYER AND 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

¹ **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.

BIOGRAPHICAL INFORMATION
(125 words or less)

NAME: _____

(Include information you feel will be relevant to your candidacy for election. 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.



NOMINATING PETITION

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

We, the undersigned, hereby nominate _____ of _____,
(Name-Printed) (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, 2014. We certify that we are public school teachers who are 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	Employer – Name of School District	Name of School	Signature	Date (MM/DD/CCYY)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

* Public school teachers who run for this seat or sign this nomination form must be currently employed by a Wisconsin public school district. Teachers employed in the City of Milwaukee, by Wisconsin technical college system districts or by the University of Wisconsin System are not eligible to participate in this election.

**Needed by the Department of Employee Trust Funds to verify your eligibility to sign this petition.

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 an Public School Teacher member of the Teachers Retirement Board, effective May 1, 2014, and expiring in 2019.

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

NOTE: The name used on this nominating petition will be the name used on the ballot.