

Candidate Name (First, MI, Last): \_\_\_\_\_

Candidate Name (First, MI, Last): \_\_\_\_\_

## **BOARD ELECTION CANDIDATE NOMINATION PETITION**

I, the undersigned, an active or retired member of the Kansas Public Employees Retirement System, hereby nominate the following as a candidate for the Board of Trustees 2025 election.

ership Type: 🗖 School 🗖 Non-Sch	ool						
understand that he/she is an active or retired member of the Kansas Public Employees Retirement System. I declare that I am the same membership type as the candidate and further declare that I ntend to vote for the candidate herein named. I have not signed and will not sign any nomination petition for any other person for such election.							
	ate of birth helps the Retirement System confirm ide	ntity and membership to validate signatures on this peti	tion.				
ure	Printed Name	Employer (last employer if retired)	Date of birth	Date signed			
Ima Member	Ima Member	Sunflower County Water District	10/24/1952	8/1/2024			
	stand that he/she is an active or retired member of to vote for the candidate herein named. I have not so we need your date of birth?  Yer 340,000 members, many have the same name. Description	stand that he/she is an active or retired member of the Kansas Public Employees Retirement System. I do to vote for the candidate herein named. I have not signed and will not sign any nomination petition for a powe need your date of birth?  Yer 340,000 members, many have the same name. Date of birth helps the Retirement System confirm ide ture  Printed Name	stand that he/she is an active or retired member of the Kansas Public Employees Retirement System. I declare that I am the same membership type as the candicate vote for the candidate herein named. I have not signed and will not sign any nomination petition for any other person for such election.  To we need your date of birth?  The real of the candidate herein name. Date of birth helps the Retirement System confirm identity and membership to validate signatures on this petition.  The real of the candidate herein name is a signature of the candidate herein name. Date of birth helps the Retirement System confirm identity and membership to validate signatures on this petition.  The real of the candidate herein name is a signature of the candidate herein name. Date of birth helps the Retirement System confirm identity and membership to validate signatures on this petition.	stand that he/she is an active or retired member of the Kansas Public Employees Retirement System. I declare that I am the same membership type as the candidate and further to vote for the candidate herein named. I have not signed and will not sign any nomination petition for any other person for such election.  The we need your date of birth?  The provided we need your date of birth have the same name. Date of birth helps the Retirement System confirm identity and membership to validate signatures on this petition.  The provided was a signature of birth helps the Retirement System confirm identity and membership to validate signatures on this petition.  The provided was a signature of birth helps the Retirement System confirm identity and membership to validate signatures on this petition.  The provided was a signature of birth helps the Retirement System confirm identity and membership to validate signatures on this petition.  The provided was a signature of birth helps the Retirement System confirm identity and membership to validate signatures on this petition.			

Signat	ure	Printed Name	Employer (last employer if retired)	Date of birth	Date signed
Sample	Ima Member	Ima Member	Sunflower County Water District	10/24/1952	8/1/2024
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					

Signat	ure	Printed Name	Employer (last employer if retired)	Date of birth	Date signed
Sample	Ima Member	Ima Member	Sunflower County Water District	10/24/1952	8/1/2024
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					

Signat	ure	Printed Name	Employer (last employer if retired)	Date of birth	Date signed
Sample	Ima Member	Ima Member	Sunflower County Water District	10/24/1952	8/1/2024
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					

Signat	ure	Printed Name	Employer (last employer if retired)	Date of birth	Date signed
Sample	Ima Member	Ima Member	Sunflower County Water District	10/24/1952	8/1/2024
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					

Signat	ure	Printed Name	Employer (last employer if retired)	Date of birth	Date signed
Sample	Ima Member	Ima Member	Sunflower County Water District	10/24/1952	8/1/2024
98					
99					
100					
101					
102					
103					
104					
105					
106					
107					
108					
109					
110					
111					
112					
113					
114					
115					
116					
117					
118					

Signat	ure	Printed Name	Employer (last employer if retired)	Date of birth	Date signed
Sample	Ima Member	Ima Member	Sunflower County Water District	10/24/1952	8/1/2024
119					
120					
121					
122					
123					
124					
125					
126					
127					
128					
129					
130					

- Important: 100 valid signatures are required to become a candidate. Consider collecting extra signatures in case some are not valid. Include your name as candidate at the bottom of each page where indicated. Candidates must include an "Affidavit of Petition Circulator" form with this petition. Anyone who helps collect signatures must submit an affidavit. Petitions will not be accepted without an affidavit. Forms available at kpers.org.
- **Deadline:** All petitions and affidavits are due by 12 p.m. noon, CST, November 30, 2024, in the KPERS office. Petitions after the deadline will not be accepted.

Attn: Board Election KPERS 611 S Kansas Ave., Ste 100 Topeka, KS 66603-3869

■ Contact KPERS – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638 email: kpers@kpers.org • website: kpers.org • mail: 611 S Kansas Ave, Ste 100, Topeka, KS 66603