# State Employees' Retirement System of Illinois

Ve the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate			
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member	
Trustee of the State Employees' Reti	rement System of Illinois.		

Signature	Print Name	Address	City/State	SSN (Last Four #)
·				
).				
i				
<u> </u>				
3.				
1.				
5				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security # xxx-xx-	County of	_, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Reti	rement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
S				
7				
3				
).				
)				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security # xxx-xx-	County of	_, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Reti	rement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
1				
2				
3				
4				
5				
S				
3				
)				
)				
l				
)				
3				
·				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Reti	rement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
5				
7				
3				
9				
)				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security # xxx-xx-	County of	_, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Reti	rement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
61				
62				
3				
34				
5				
6				
7				
8				
9				
0				
1				
2.				
3				
4				
5				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Reti	rement System of Illinois.			

ı	Address	City/State	SSN (Last Four #)

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Reti	rement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
91				
92				
93				
4				
5				
6				
7				
8				
9				
00				
01				
02				
03				
04				
05				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security <u># xxx-xx-</u>	County of	, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Retir	ement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security <u># xxx-xx-</u>	County of	, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Retir	ement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
121				
122				
24				
25				
26				
28	1			
29				
30				
31				
32				
33				
34				
135				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security <u># xxx-xx-</u>	County of	, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Retir	ement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
18				
49				
50				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security <u># xxx-xx-</u>	County of	, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Retir	ement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
151				
152				
54				
55				
56				
58				
59				
60				
61				
62				
63				
64				
65				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned <b>contributing <i>members</i></b> of the State Employees' Retirement System nominate				
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member		
Trustee of the State Employees' Reti	rement System of Illinois.			

Signature	Print Name	Address	City/State	SSN (Last Four #)
66				
67				
68				
69				
70				
71				
70				
73				
74				
75				
76				
77				
78				
79				
30				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned contributing m	embers of the State Employees' Retirement Syste	m nominate,
Social Security # xxx-xx-	County of	_, as a candidate for the office of Contributing Member
Trustee of the State Employees' Reti	rement System of Illinois.	

Signature	Print Name	Address	City/State	SSN (Last Four #)
81				
82				
83				
84				
85				
36				
38				
39				
90				
91				
92.				
93				
94				
95. <u> </u>				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned contributing m	nembers of the State Employees' Retirement Sy	stem nominate,
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member
Trustee of the State Employees' Reti	irement System of Illinois.	

Signature	Print Name	Address	City/State	SSN (Last Four #)
96				
197				
99				
200				
202				
203.				
204				
06				
07				
08				
209				
210				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned contributing m	nembers of the State Employees' Retirement Sy	stem nominate,
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member
Trustee of the State Employees' Reti	irement System of Illinois.	

Signature	Print Name	Address	City/State	SSN (Last Four #)
211				
212				
214	l l			
215				
.1=				
18				
19				
00				
21				
22				
23				
24 25				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned contributing m	nembers of the State Employees' Retirement Sy	stem nominate,
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member
Trustee of the State Employees' Reti	irement System of Illinois.	

Signature	Print Name	Address	City/State	SSN (Last Four #)
226				
227				
228				
229				
230				
232				
233				
234				
235				
36				
237				
238.				
239. 240.				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# State Employees' Retirement System of Illinois

We the undersigned contributing me	<b>embers</b> of the State Employees' Retirement System	n nominate
Social Security # xxx-xx-	County of	, as a candidate for the office of Contributing Member
Trustee of the State Employees' Retir	rement System of Illinois.	

Signature	Print Name	Address	City/State	SSN (Last Four #)
241				
242				
43				
44				
45				
46				
47				
48				
49				
50.				

To qualify for candidacy, petitions must be filed with the Executive Secretary of the State Employees' Retirement System by September 20, 2024. Deliver or mail petitions and Statement of Candidacy to:

# STATEMENT OF CANDIDACY

Name	Address	Office	S.S. Numbe
		CONTRIBUTING	xxx-xx-
		TRUSTEE	
		<u>'</u>	
ate of	)		
	) SS.		
ounty of	)		
l,	, being firs	st duly sworn (or affirmed), say that I r	eside at
	Street, in the	(city or vi	lage) of
	, Zip Code	in the county of	
		Signature of Candidate	
		Signature of Candidate	
ubscribed and sworn (or affirmed)	to before me by	Signature of Candidate, who is to me known,	
		•	
ubscribed and sworn (or affirmed) is day of		•	
		•	
		•	
is day of		•	

My commission expires: