ILLINOIS POLICE OFFICERS' PENSION INVESTMENT FUND

STATEMENT OF CANDIDACY
MUNICIPAL MEMBER TRUSTEE

A Candidate for the Municipal Member Trustee position must complete this information form and return it to the Illinois Police Officers' Pension Investment Fund's (IPOPIF) mailing address or email address listed below. Please return the completed document at your earliest convenience, *and no later than 4:30 p.m. (Central Time) on August 12, 2022.*

This information will be used solely by IPOPIF to communicate with the Candidate during the nomination and election process.

<u>CANDIDATE INFORMATION</u>
MUNICIPAL MEMBER TRUSTEE

First Name   Last Name

Name to be Printed on Ballot

Work Street Address

Work City/State/Zip Code

(_____) _____   (_____) _____
Work Phone Number   Business Mobile Phone Number

Business Email Address

Participating Municipality Name

Municipal Representative Position at Municipality (Check One):

☐ MAYOR   ☐ VILLAGE OR TOWN PRESIDENT

☐ CHIEF EXECUTIVE OFFICER   ☐ CHIEF FINANCIAL OFFICER

☐ OTHER EXECUTIVE   ☐ DEPARTMENT HEAD

<u>NOTE</u>: **Candidates must complete the information in its entirety and return the form to:**

Illinois Police Officers' Pension Investment Fund
456 Fulton Street, Suite 402
Peoria, IL. 61602

OR:

Email: rwhite@ipopif.org   Subject Line: Municipal Member Statement of Candidacy – INSERT FULL NAME

BALLOT DESIGNATION

The candidate may submit a *short ballot designation* that will be printed on the official ballot along with the candidate's name.

- **Such designation shall be limited to the candidate's title, office, employment classification or similar position held by the candidate.**

- **This designation shall not be more than forty (40) characters in length, including spaces. If the ballot designation submitted by the candidate exceeds the foregoing space limitation, no ballot designation shall be printed for that candidate.**

ENTER BALLOT DESIGNATION BELOW:

By signing below, I hereby certify that the preceding information and statements are true.

Today's Date: _____   Signature: _____