

NOMINATION PETITION FOR STATE TEACHERS RETIREMENT BOARD

Retired Teacher Member Position

Term of Office: The Four-Year Period Sept. 1, 2022–Aug. 31, 2026

We, the undersigned **retired** members of the State Teachers Retirement System of Ohio (STRS Ohio), hereby nominate as a candidate for election to the Retirement Board for the term beginning **Sept. 1, 2022, and ending Aug. 31, 2026:**

Rita J. Walters

NAME OF CANDIDATE

105 Main Street, Powhatan Point, OH 43942

ADDRESS OF CANDIDATE

Eligible to sign this petition are all retired members, including STRS Ohio retirees who are reemployed in an STRS Ohio-covered position. Persons receiving disability benefits and survivor benefits are not eligible to sign this petition. Nominating petitions must be filed with the executive director on or before Friday, Feb. 25, 2022.

| | NAME OF MEMBER (PLEASE PRINT) AND SIGNATURE OF MEMBER | LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND COMPLETE HOME ADDRESS, INCLUDING ZIP CODE | COUNTY OF RESIDENCE |
|-----|---|--|---------------------|
| 1. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 2. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 3. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 4. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 5. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 6. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 7. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 8. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 9. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |
| 10. | Name: _____ Signature: _____ | Last four digits of SSN: _____ Address: _____ City, State & ZIP: _____ | |