

NOMINATION PETITION FOR STATE TEACHERS RETIREMENT BOARD

Contributing Member Position

Term of Office: The Four-Year Period Sept. 1, 2025–Aug. 31, 2029

We, the undersigned 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, 2025, and ending Aug. 31, 2029:**

Chad Smith

NAME OF CANDIDATE

_____ now employed by

Columbus City Schools

NAME OF BOARD OF EDUCATION, UNIVERSITY OR OTHER EDUCATION EMPLOYER

Eligible to sign are members presently contributing or those who have contributions on deposit with STRS Ohio. Not eligible to sign this petition are retired teachers or STRS Ohio retirees who are reemployed in an STRS Ohio-covered position, and those who do not have an account with the State Teachers Retirement System of Ohio. Nominating petitions must be filed with the executive director on or before Friday, Feb. 28, 2025, at 4:30 p.m.

	NAME OF MEMBER (PLEASE PRINT) AND SIGNATURE OF MEMBER	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND COMPLETE HOME ADDRESS, INCLUDING ZIP CODE	SCHOOL DISTRICT OR OTHER EMPLOYER	COUNTY IN WHICH EMPLOYED
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: _____		