

# **Board of Trustees Candidate Packet For the 2025 Election**

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## **Board of Trustees**

## **Instructions for Nomination by Petition**

The material in this packet is for members of 4 Rivers Electric Cooperative, Inc. (4 Rivers) who are interested in running for the Board of Trustees.

- Please read the qualifications sections and refer to the 4 Rivers Bylaws for more information.
- For those who are bona fide candidates, a membership list for the district is available to the candidate(s) running. If a candidate is interested in the list, refer to Policy 110 – Disclosure of Cooperative Information. It allows for the information with the completion of the request, nondisclosure agreement, and affidavit. The completed forms need to be returned to 4 Rivers at either the Lebo or Fredonia office by 5:00 p.m., December 30, 2024.
- A candidate photograph and completed biographical information should be submitted for your candidate profile to be shared with 4 Rivers' members. Biographical information needs to be submitted electronically in a format compatible with Microsoft Word. The photograph can be emailed to election@4riverselectric.com, mailed or delivered to a 4 Rivers office. Biographical information requirements:
  - Must be provided to 4 Rivers in an electronic format that can be opened by Microsoft Word.
  - o Biographical information is limited to 500 words; any excess over 500 words will be truncated.
  - o Each candidate is responsible for the content of their submittal. 4 Rivers is not responsible for proofreading, editing, or otherwise altering biographical materials, other than truncating materials in excess of 500 words (with the exception of inappropriate language).
  - Biographical information can be updated until 5:00 p.m., December 30, 2024.

### Checklist

Candidate Compliance Affidavit

Candidate Information Form – Including Biographical Information and Picture

Petition – Need signatures from at least 20 members in the district (more is recommended)

Policy 110 - Disclosure of Cooperative Information - Completed Exhibits and Affidavit (if requesting a district membership list)

Return to 4 Rivers office in Fredonia or Lebo by 5:00 p.m., December 30, 2024.



Per Article IV, Section 3 of the 4 Rivers Bylaws, a person must meet the following qualifications to be eligible for election as a director or to remain a trustee:

- Be a Member in good standing with the Cooperative (pursuant to Article I of the <u>Bylaws</u>);
- Be a natural person;
- Be a resident of the district for which election is sought for a minimum of three (3) years and receiving power at that residence. This residence must have been the primary address for at least the last three (3) years;
- Must not be employed or have financial interest in a competing business or business that sells energy, items, materials, or products that can be used to create electric energy, or supplies to the Cooperative, or a business primarily engaged in selling electric or plumbing appliances, fixtures, services, or supplies to the Members of the Cooperative (does not include a Member who installs renewable energy electric generation on his or her own property interconnected with the Cooperative);
- Must not have equipment connected to Cooperative Equipment and have an agreement to sell electricity to the Cooperative;
- Must not be a current employee or have been an employee of the Cooperative within three (3) years or a 'Family Member' as defined as: spouse, father, mother, son, daughter, step-son or daughter, or any lineal descendant of a current employee or an employee within three (3) years;
- Must not be a Family Member (as defined above) of a current Trustee;
- Be willing to devote such time and effort to his or her duties as a Trustee as may be necessary to oversee the Cooperative's business and affairs;
- While a Trustee, act in good faith and represent the best interests of the Cooperative as a whole, representing all members on an impartial basis.



| STATE OF KANSAS                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| COUNTY OF                                                                                                                                                                                                                                                                                                            |                                           |                                                                                                                                              |  |  |
| SWORN CERTIFICATION OF COMPLIANCE                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                              |  |  |
| BEFORE ME, the undersigned notary, appearwho, upon oath, stated as follows:                                                                                                                                                                                                                                          | ared in per                               | son,                                                                                                                                         |  |  |
| My name isexecute this certification, and have personal                                                                                                                                                                                                                                                              |                                           |                                                                                                                                              |  |  |
|                                                                                                                                                                                                                                                                                                                      | o do so, l<br>esponses i                  | •                                                                                                                                            |  |  |
| <ol> <li>I have reviewed 4 Rivers Policy 105 - Ethic</li> <li>I will abide by and enforce all 4 Rivers Byla</li> <li>I will disclose any organizations I represen funds received from those organizations, per</li> <li>The information I provide and that is conta complete to the best of my knowledge.</li> </ol> | aw and Po<br>It for the p<br>Article III, | olicy requirements.<br>urpose of my candidacy and any funds or promised<br>Section 7 of 4 Rivers Bylaws.                                     |  |  |
| <ul><li>6. I consent and authorize investigation of all attached materials.</li><li>7. I understand that I may be required by 4 R</li></ul>                                                                                                                                                                          |                                           |                                                                                                                                              |  |  |
| Manager/CEO or General Counsel, to provide                                                                                                                                                                                                                                                                           | e addition<br>quest from<br>requeste      | al documentation within the time frame asked by 4 a 4 Rivers General Counsel; and I understand that d information may result in my Candidate |  |  |
| Signature                                                                                                                                                                                                                                                                                                            |                                           | Printed Name                                                                                                                                 |  |  |
| Signed and sworn to before me, on this the                                                                                                                                                                                                                                                                           | day of                                    | , 2024.                                                                                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                      |                                           | Notary Public, State of Kansas                                                                                                               |  |  |



## **Candidate Information Form**

A nominee must maintain primary residence receiving continuous electric service for three (3) years in the 4 Rivers Electric Cooperative, Inc. (4 Rivers) trustee district for which election is sought. To find your district, refer to the map below, check your 4 Rivers bill, or call 620-364-2116. Return the Candidate Compliance Affidavit, Petition, and Candidate Information Form to 4 Rivers' Fredonia or Lebo office by 5:00 p.m., December 30, 2024.

| Board Position (select one)    |              |                                  |
|--------------------------------|--------------|----------------------------------|
| District 1                     | District 2   | District 3                       |
| First Name                     | MI Last Name | <u> </u>                         |
| 4 Rivers Account #:            |              |                                  |
| Physical Address               |              |                                  |
| Mailing Address (if different) |              |                                  |
| Contact Phone #                |              | _ ☐ Mobile ☐ Home ☐ Work ☐ Other |
| Alternate Phone #              |              | Mobile Home Work Other           |
|                                |              |                                  |
| Candidate Applicant Signature  | Date         |                                  |

Please submit a candidate photo and biographical information to be shared in your candidate profile with 4 Rivers' members. The biographical information needs to be submitted electronically in a format compatible with Microsoft Word. The photograph can be emailed to election @4riverselectric.com, mailed or hand-delivered to a 4 Rivers office. Physical photographs will be returned upon request.



## **Board of Trustees**

To be nominated by petition, 4 Rivers Electric Cooperative, Inc. (4 Rivers) Bylaws require verifiable signatures from at least twenty (20) members who live in or have designated a voting residence with the board district from which a candidate is seeking election. Candidates may obtain a list of members within their board district by requesting the list per Policy 110 and signing the required affidavit.

### **INSTRUCTIONS:**

- 1) Provide all information for each signing member. Spouses who have a joint membership will only be verified as one (1) member signature even if both spouses sign the petition. Business memberships (LLC, Inc., etc.) are also verified as one (1) member. A business membership must be signed by the authorized officer or designee.
- 2) Candidate applicants are encouraged to collect more than the 20 signatures required in the event a membership cannot be verified. Additional copies of signatures sheets can be made.
- 3) Signatures for which the printed name is not legible may not be validated.
- 4) All original signatures of the signed petition must be submitted and received by 4 Rivers by 5:00 p.m., December 30, 2024. Submissions may be by U.S. postal service or hand delivered to 4 Rivers' Fredonia or Lebo office.
- 5) Candidate applicants are encouraged to submit petition signatures well in advance of the deadline to ensure sufficient time for membership verification. Refer to the 4 Rivers Bylaws for more information.

| Candidate Applicant Name              | Board District #: □1 □2 □3            |
|---------------------------------------|---------------------------------------|
| Name (Print) 4 Rivers Billing Address | Name (Print) 4 Rivers Billing Address |
| Member/Acct#                          | Member/Acct# Signature                |
| Name (Print) 4 Rivers Billing Address | Name (Print) 4 Rivers Billing Address |
| Member/Acct#                          | Member/Acct#                          |

| Candidate Applicant Name | Board District #: □1 □2 □3 |
|--------------------------|----------------------------|
| Name (Print)             | Name (Print)               |
| 4 Rivers Billing Address | 4 Rivers Billing Address   |
| Member/Acct#             | Member/Acct#               |
| Signature                | Signature                  |
| Name (Print)             | Name (Print)               |
| 4 Rivers Billing Address | 4 Rivers Billing Address   |
| Member/Acct#             | Member/Acct#               |
| Signature                | Signature                  |
| Name (Print)             | Name (Print)               |
| 4 Rivers Billing Address | 4 Rivers Billing Address   |
| Member/Acct#             | Member/Acct#               |
| Signature                | Signature                  |
| Name (Print)             | Name (Print)               |
| 4 Rivers Billing Address | 4 Rivers Billing Address   |
| Member/Acct#             | Member/Acct#               |
| Signature                | Signature                  |
| Name (Print)             | Name (Print)               |
| 4 Rivers Billing Address | 4 Rivers Billing Address   |
| Member/Acct#             | Member/Acct#               |
| Signature                | Signature                  |

| Candidate Applicant Name | Board District #: □1 □ 2 □ 3 |
|--------------------------|------------------------------|
| Name (Print)             |                              |
| 4 Rivers Billing Address | 4 Rivers Billing Address     |
| Member/Acct#             | Member/Acct#                 |
| Signature                | Signature                    |
| Name (Print)             | Name (Print)                 |
| 4 Rivers Billing Address | 4 Rivers Billing Address     |
| Member/Acct#             | Member/Acct#                 |
| Signature                |                              |
| Name (Print)             | Name (Print)                 |
| 4 Rivers Billing Address | 4 Rivers Billing Address     |
| Member/Acct#             | Member/Acct#                 |
| Signature                | Signature                    |
| Name (Print)             | Name (Print)                 |
| 4 Rivers Billing Address | 4 Rivers Billing Address     |
| Member/Acct#             | Member/Acct#                 |
| Signature                | Signature                    |
| Name (Print)             | Name (Print)                 |
| 4 Rivers Billing Address | 4 Rivers Billing Address     |
| Member/Acct#             | Member/Acct#                 |
| Signature                | Signature                    |

## 4 Rivers Electric Cooperative, Inc. Board Districts

**DISTRICT 1** – Shall include Townships 14, 15, 16, 17, 18, 19 and 20 south, from Range 9 east of the sixth primary membership (PM), through Range 20 east of the sixth PM that are **COLORED IN BLUE**.

**DISTRICT 2** – Shall include Townships 20, 21, 22, 23, 24, 25 and 26 south, from Range 9 east of the sixth PM, through Range 21 east of the sixth PM that are **COLORED IN ORANGE**.

**DISTRICT 3** – Shall include Townships 26, 27, 28, 29, 30, 31, 32, 33, 34 and 35 south, from Range 11 east of the sixth PM, through Range 18 east of the sixth PM that are **COLORED IN GREEN**.

