

# PETITION TO NOMINATE

We, the undersigned Members of District 1 of Cooperative Light and Power Association, do hereby place in nomination the name of \_\_\_\_\_ as candidate on the 2026 ballot for the Board of Directors in District 1.

1. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_

Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_

2. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_

Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_

3. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_

Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_

4. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_

Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_

5. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_

Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_

6. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_

Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_

7. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_

Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_

8. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_
9. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_
10. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_
11. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_
12. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_
13. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_
14. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_
15. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_
16. Signature (required): \_\_\_\_\_ Printed Name (required): \_\_\_\_\_  
Service Address (required): \_\_\_\_\_ Phone # on Account (optional): \_\_\_\_\_

17.

Signature (required):

Printed Name (required):

Service Address (required):

Phone # on Account (optional):

18.

Signature (required):

Printed Name (required):

Service Address (required):

Phone # on Account (optional):

19.

Signature (required):

Printed Name (required):

Service Address (required):

Phone # on Account (optional):

20.

Signature (required):

Printed Name (required):

Service Address (required):

Phone # on Account (optional):

21.

Signature (required):

Printed Name (required):

Service Address (required):

Phone # on Account (optional):

22.

Signature (required):

Printed Name (required):

Service Address (required):

Phone # on Account (optional):

23.

Signature (required):

Printed Name (required):

Service Address (required):

Phone # on Account (optional):

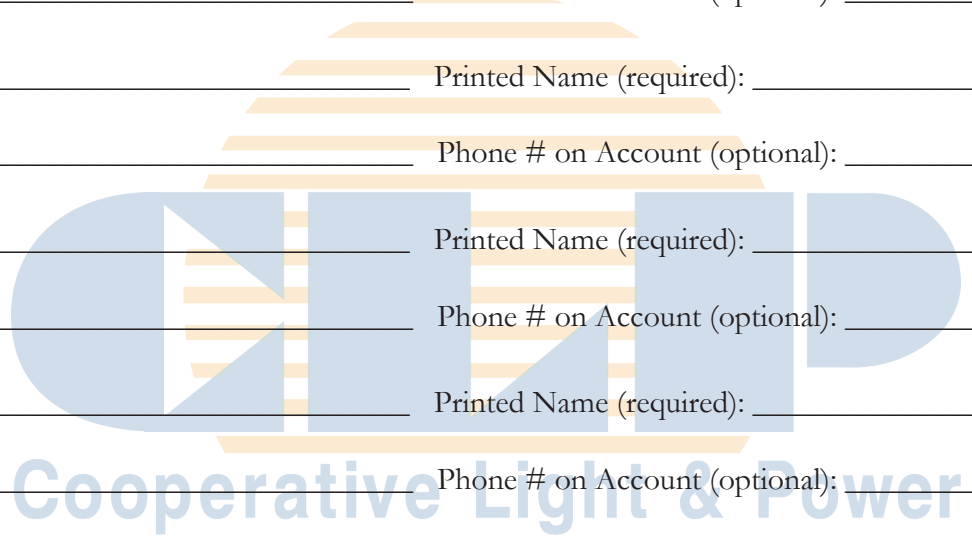
24.

Signature (required):

Printed Name (required):

Service Address (required):

Phone # on Account (optional):



This Petition, with a **minimum of 15 Member** signatures **from District 1** must be submitted to Cooperative Light & Power no later than **January 18, 2026** by email to [careyh@clpower.com](mailto:careyh@clpower.com) or at the Cooperative’s office located at 1554 Highway 2, Two Harbors, MN 55616.