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### CHAPTER CHARTER

**KENTUCKY PUBLIC RETIREES  
P. O. BOX 4082  
FRANKFORT, KY 40604**

Whereas, name of chapter, consisting of list counties covered by chapter counties, has met the requirements for a Chapter Charter as specified by the Bylaws and Policies and Procedures of Kentucky Public Retirees, Inc.; and Whereas, In recognition thereof, the Board of Directors, at its meeting on date of meeting, in Frankfort, Kentucky, did adopt a motion authorizing the said Chapter to be fully chartered; THEREFORE, BE IT ORDERED THIS first day of Month and Year Name of Chapter be issued this CHARTER which shall accord to the said Chapter all rights, privileges, and responsibilities provided by the Bylaws and Policies and Procedures of this organization.

FOR THE BOARD:

Signature of State President Date

Signature of State Secretary Date

### **KPR CODE OF ETHICS**

The Code of Ethics of the Kentucky Public Retirees, Inc., is created to establish the ethical standards that govern the conduct of all who serve KPR. It is intended to promote public confidence in the leaders who serve the membership. The provisions of the KPR State Bylaws and Policies and Procedures shall apply to all KPR members chosen to serve in a leadership capacity.

KPR leaders are sworn in and sign the Code of Ethics form adapted from provisions in the chapter on "Oath of Office; Code of Ethics" and the chart "KPR Leaders' Swearing-in and Code of Ethics Information."

All leaders agree to:

- Follow the KPR State Bylaws and Policies and Procedures.
- Endeavor to ensure that any public statement outside the Board meeting reflects the intent as stated by the Board.
- Endeavor to ensure that our goal to protect our benefits is paramount to all members.
- Endeavor to ensure that we are single-minded regarding the protection of our non-partisan status.

Further, Presidents of Local Chapters, as supported by the locally elected officers of their chapters, agree to:

- Keep all members of their respective Chapters informed of Board actions and plans that affect members.
- Support the State Officers. operating within the Articles of Incorporation, Bylaws, rules, and Policies and Procedures of KPR, Inc.
- Take any complaint of State Board policy and/or action(s) first to the State Board of Directors for possible resolution of disagreements in-house.
- Exercise care not to disclose confidential information, the disclosure of which may be adverse to the interest of KPR; furthermore, not disclose or use information relating to the business of KPR for personal gain or advantage.
- Endeavor to ensure that we are single-minded regarding the protection of our benefits, but to carefully guard against becoming involved in partisan politics

All leaders shall refrain from, by themselves or through others, knowingly:

- Using or attempting to use their influence in any manner that involves a substantial conflict between their personal and/or private interest and their duties in KPR.
- Using their position or office to obtain financial gain for themselves or any member of their family.
- Using or attempting to use their official position to secure or create privileges, exemptions, advantages, or treatment for themselves or others in derogation of the interest of KPR at large.

All leaders should employ all means available to avoid all conduct that might in any way lead the general public to conclude they are using their official position to further their personal or private interest.

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## **Code of Ethics—Page 2**

All meetings shall be public, although permission to speak to the Board by those not a voting member of the Board must be granted in advance of the meeting by the President.

Upon receiving a complaint signed by any person, or upon its own motion, the State Board shall conduct or cause to be conducted a preliminary investigation of any alleged violation of this Code of Ethics. All proceedings and records relating to a preliminary investigation shall be held in the strictest of confidence until final determination is made by the State Board.

If the findings of the preliminary investigation are not sufficient to support the complaint, the investigation shall be immediately terminated and the complainant and the person against whom the allegation was made

shall be notified in writing of the results.

If the findings of the preliminary investigation reveal that there is probable cause to believe there has been a violation of the Code of Ethics, the State Board may, in writing, reprimand the alleged violator or remove the member from the office or position she/he holds.

I certify that I have read the terms and conditions above and agree to provide by the same.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

KPR Leadership Position: \_\_\_\_\_

**CONTRACT WITH ADMINISTRATIVE MANAGER**

**KENTUCKY PUBLIC RETIREES, INC.**

**P.O. BOX 4082**

**FRANKFORT, KENTUCKY 40604**

**CONTRACT  
BETWEEN**

\_\_\_\_\_ AND KENTUCKY PUBLIC RETIREES, INC.,  
P. O. BOX 4082, FRANKFORT, KY 40604.

This Contract is entered into as of \_\_\_\_\_ (Date), by and between \_\_\_\_\_ and Kentucky Public Retirees, Inc. (KPR), a corporation. The Agreement is for the Consultants (aka "Administrative Managers) to provide professional services for KPR as set forth in the KPR Policies and Procedures Manual, as adopted/amended \_\_\_\_\_ (Date).

**TERMS OF CONTRACT**

The term of this Contract will be from the date noted above until \_\_\_\_\_ (Date), at which time the agreement is subject to renewal for successive terms of two years each.

**TERMINATION**

This Contract may be terminated by either party on provision of a thirty (30) day written notice to the other party, with or without cause.

**COMPENSATION**

Compensation to the Consultants is set at \_\_\_\_\_ per month, subject to review at the end of each calendar year.

**TAXES**

The Consultants are responsible for the payment of all income, social security, employment related, or other taxes incurred as a result of the performance of the services provided by the Consultants under this Contract.

**EXPENSES**

Administrative expenses, i.e., postage, ink cartridges for business printer, publishing, printing, stationery, etc., are to be paid by KPR. Such expenses shall include those associated with the Consultants' use of their personal equipment dedicated primarily to use for KPR's purposes.

**Contract with Administrative Manager--Page 2**

**REPORTING**

The Consultants shall report to the President of KPR and/or to such other officer or person as the President or Board may direct. It is the Consultants' responsibility, unless so excused, to attend the Quarterly Board Meetings and the Annual Meeting of KPR in June of each year.

**CONFLICTS OF INTEREST**

The Consultants warrant to KPR that, to the best of their knowledge, they are not currently under any existing contract, duty, or agreement which may conflict with this Contract.

**MODIFICATION**

No amendment, change, or modification of the Contract shall be valid unless in writing and signed by both parties.

IN WITNESS WHEREOF: The parties executed this Contract as of the date first above written.

CORPORATION:

KENTUCKY PUBLIC RETIREES, INC.

By: \_\_\_\_\_  
President

Date: \_\_\_\_\_

CONSULTANT/CONSULTANTS:

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

**KENTUCKY PUBLIC RETIREES, INC.**  
**P.O. BOX 4082**  
**FRANKFORT, KENTUCKY 40604**

This contract serves to enter into an agreement with \_\_\_\_\_ to represent the Kentucky Public Retirees, Inc., as a Legislative Agent in the \_\_\_\_\_ General Assembly, and to register with the Legislative Ethics Commission as such.

\_\_\_\_\_ and the Kentucky Public Retirees, Inc., have agreed on a fee of \$\_\_\_\_\_ for the entire session. KPR, Inc., will cover any necessary related costs upon approval of the State Legislative Chair (such as the legislative record, bills, registrations, fees, etc.). The agreed upon fee of \$\_\_\_\_\_ will be paid in full as soon as possible after the \_\_\_\_\_ session ends.

At the end of the session, \_\_\_\_\_, in conjunction with the KPR State Legislative Chair, will prepare a written summary of all bills introduced and action taken, regarding legislation affecting retirees.

\_\_\_\_\_  
State President, KPR, Inc.

\_\_\_\_\_  
Legislative Agent

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**KPR BROCHURE/MEMBERSHIP APPLICATION**

**When the Manual is distributed as a paper document,  
the current issue of the "KPR Brochure/Membership Application"  
is inserted here.**



# AUDIT REPORT KENTUCKY PUBLIC RETIREES, INC.

STATE OR CHAPTER AUDITED \_\_\_\_\_  
 CALENDAR YEAR \_\_\_\_\_ JANUARY 1, \_\_\_\_\_ THROUGH DECEMBER 31, \_\_\_\_\_

Records Received From: \_\_\_\_\_ on (date) \_\_\_\_\_

This audit includes a review of the financial records submitted by the above as required by the KPR rules. Purpose of the audit is to review the financial records to confirm completeness and accuracy of the records, to determine if income is properly accounted for, and to determine if disbursements have been made in accordance with the KPR Bylaws and/or any special authorizations made. A yes or no answer may be given for each question. Additional comments and recommendations pertinent to any question may be provided in the space provided below or on a separate page. **When completed, please send to the KPR State Audit Chair.**

- |  |           |
|--|-----------|
| 1. Have adequate records been submitted to perform an audit? (All deposits, bank statements, canceled checks, invoices, receipts, expense vouchers, and other records)   | YES or NO |
| 2. Do the records show all income/receipts; adequately describe each source of income in treasurer's ledger or monthly reports; and, show timely deposits of receipts?   | YES or NO |
| 3. Have unusual expenditures or special authorizations (donations, speaker fees, outings, awards, etc.) been documented by copy of minutes approving the payment OR by memorandum approved by the president explaining the action and payment?           | YES or NO |
| 4. Are all expenses/disbursements documented by invoice, receipt, expense voucher, copy of minutes, or memorandum?   | YES or NO |
| 5. Did the treasurer reimburse him/herself for any expenditure?<br>If so, did the chapter president also endorse the check, the receipt, or a brief memo showing approval (in any chapter that does not routinely require two signatures on all checks)? | YES or NO |
| 6. Are expense vouchers properly documented in accordance with the KPR Manual section on "Reimbursement Procedures"?   | YES or NO |
| 7. Are there any problems with accuracy as to the numbers and balances?  | YES or NO |
| 8. Following the audit, were the records returned to the respective treasurer?   | YES or NO |

Beginning Balance All Accounts _____	Total Annual Income _____
Total Disbursements _____	Ending Balance All Accounts _____

**Additional Comments and/or Recommendations (Include question number before each remark)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUDIT REPORT PREPARED BY (signature) \_\_\_\_\_

DATE \_\_\_\_\_ Audit Chair of \_\_\_\_\_

Ballot No. \_\_\_\_\_ (optional)

**KENTUCKY PUBLIC RETIREES ELECTION BALLOT**  
Officers will serve from July 1, 20\_\_ to June 30, 20\_\_

Please mail back promptly. The ballot must be received by May 15, 20\_\_, in order to be counted.

**Mail to:                    Kentucky Public Retirees**  
**P. O. Box 4082**  
**Frankfort, KY 40604**

Vote by check mark in the check box for the nominated candidate or indicate your write-in candidate in the line provided and place a check mark in the check box.

President  
(Name of Nominee): \_\_\_\_\_   
(Write-in Candidate): \_\_\_\_\_

Vice President  
(Name of Nominee): \_\_\_\_\_   
(Write-in Candidate): \_\_\_\_\_

Secretary  
(Name of Nominee): \_\_\_\_\_   
(Write-in Candidate): \_\_\_\_\_

Treasurer  
(Name of Nominee): \_\_\_\_\_   
(Write-in Candidate): \_\_\_\_\_

**Brief biographical paragraphs for candidates are included on the reverse side of this ballot.**





**TRAVEL EXPENSE VOUCHER**

**KENTUCKY PUBLIC RETIREES, INC.**

**PO Box 4082**

**Frankfort, KY 40604**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CHAPTER \_\_\_\_\_

DATE \_\_\_\_\_

DESCRIPTION OF EXPENSES (INDICATE ALL EXPENSES INCLUDED ON THIS REQUEST):

---

PURPOSE FOR EXPENSES \_\_\_\_\_

DATE OF TRAVEL \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ #MILES: \_\_\_\_\_ @ .35 PER Mile TOTAL\_\$ \_\_\_\_\_

MEALS: BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_ TOTAL\_\$ \_\_\_\_\_

LODGING \_\_\_\_\_ TOTAL\_\$ \_\_\_\_\_

---

PURPOSE FOR EXPENSES \_\_\_\_\_

DATE OF TRAVEL \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ #MILES: \_\_\_\_\_ @ .35 PER Mile TOTAL\_\$ \_\_\_\_\_

MEALS: BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_ TOTAL\_\$ \_\_\_\_\_

LODGING \_\_\_\_\_ TOTAL\_\$ \_\_\_\_\_

COMMENTS \_\_\_\_\_

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TOTAL AMOUNT REQUESTED \$ \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

**KPR Form 005**

**TREASURER'S ANNUAL FINANCIAL SUMMARY  
KENTUCKY PUBLIC RETIREES, INC.**

**STATE TREASURER OR CHAPTER  
NAME** \_\_\_\_\_

**CALENDAR YEAR** \_\_\_\_\_ **JANUARY 1,** \_\_\_\_\_, **through DECEMBER 31,** \_\_\_\_\_

After 31st of December each year, Chapter and the state treasurer should reconcile their financial records for the calendar year ending in preparation for the annual audit required by the Kentucky Public Retirees.

**Reconciling the financial records involves:**

- A. Closing out the calendar year showing all balances of funds; also, beginning the new calendar year with the "beginning balance" being the same as the "ending balance" of the year just ended.
- B. A review to ensure that every item of income is described and documented.
- C. A review to ensure that each expense is described and documented with an invoice, receipt, expense voucher, copy of minutes, or a memorandum approved by the president concerning the expense in question.
- D. Rechecking of numbers and balances.
- E. Completion of this **Annual Financial Summary report**, which should be helpful in reconciling the ending year financial records. This report should also be sent with your financial records for the annual audit.

**BEGINNING BALANCES** (at the beginning of the calendar year just ended)

- 1. Checking Account.....\$ \_\_\_\_\_
- 2. Certificates of Deposit (CDs).....\$ \_\_\_\_\_
- 3. Other Accounts (Describe - \_\_\_\_\_).....\$ \_\_\_\_\_
- 4. **Beginning Balance All Accounts** (total lines 1, 2 and 3).....\$ \_\_\_\_\_

**INCOME FOR THE YEAR** - (totals according to source of income)

Membership dues \_\_\_\_\_, Interest \_\_\_\_\_, Other \_\_\_\_\_, **TOTAL \$** \_\_\_\_\_  
If other, describe source(s) - \_\_\_\_\_  
Was all income deposited in Checking Account? \_\_\_\_\_ **YES or NO**  
If not, where? \_\_\_\_\_

**CHECKING ACCOUNT ACTIVITY**

- 5. Beginning Checking Balance (from line 1 above).....\$ \_\_\_\_\_
- 6. **TOTAL INCOME/DEPOSITS** for the fiscal year.....\$ \_\_\_\_\_
- 7. **TOTAL DISBURSEMENTS** for the fiscal year.....\$ \_\_\_\_\_
- 8. **Ending Balance** (add amounts on lines 5 and 6, then subtract line 7).....\$ \_\_\_\_\_

**CERTIFICATES OF DEPOSIT (CDs) AND OTHER ACCOUNTS**

Describe any changes in these Beginning Balances during the year just ended.

\_\_\_\_\_  
\_\_\_\_\_

**ENDING BALANCE (Checking account)**.....\$ \_\_\_\_\_  
**ENDING BALANCE (Certificates of Deposit)**.....\$ \_\_\_\_\_  
**ENDING BALANCE (Other Accounts)**.....\$ \_\_\_\_\_  
**TOTAL ENDING BALANCE (All Accounts)**.....\$ \_\_\_\_\_

**REPORT PREPARED BY** (Signature) \_\_\_\_\_ **Treasurer** \_\_\_\_\_ **Date** \_\_\_\_\_

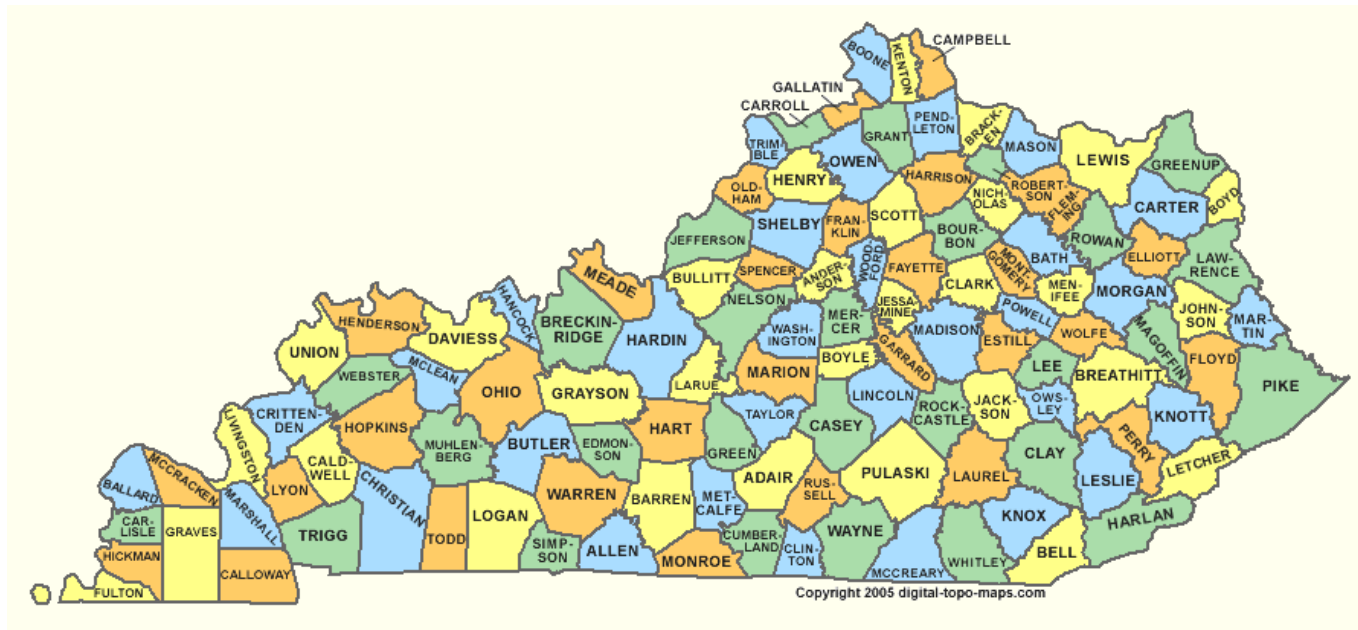
**Leaders' Swearing-in and Code of Ethics Information**

Refer to Chapter 15, Page 15 • 4





# KENTUCKY COUNTIES



## Sample Meeting Agenda

2  
4  
6  
8  
10  
12  
14  
16  
18  
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46  
48  
50  
52

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Meeting  
Agenda  
Day, Date

Call to Order

Opening Ceremonies

Invocation/Spiritual Thought

Pledge Allegiance to the Flag of the United States of America

Roll Call

Adoption of Agenda (if distributed)

Reading and Approval of Minutes

Reports of Officers, Boards, and Standing Committees

(List those to report, in order listed in bylaws)

Reports of Special Committees (announced only if such committees  
are prepared or instructed to report)

Special Orders (announced only if there are special orders)

Unfinished Business and General Orders

New Business

Announcements

Adjournment

**Insert current letter**

**INVITATION TO RECENT RETIREES TO JOIN KPR**

Sincerely,

President's Name  
President, \_\_\_\_\_ Chapter, KPR  
Enclosure—Application

**Insert current letter**

**"WELCOME" LETTER TO NEW MEMBERS**

Sincerely,

President's Name

President, \_\_\_\_\_ Chapter, KPR

# THE KERNEL

*A Publication of the Kentucky Public Retirees*  
**www.kentuckypublicretirees.org**

Issue 105

April 2013

When the Manual is distributed as a paper document, the current issue of *The Kernel* is inserted.

**OATH OF OFFICE**  
**KENTUCKY PUBLIC RETIREES, INC.**

Do you as the duly elected Officers/Chairmen/Leaders of the \_\_\_\_\_  
\_\_\_\_\_ solemnly swear that you will faithfully execute  
the duties of the Office/Committee/Leadership Role/Position to which you have  
been elected/appointed as outlined in the Articles of Incorporation, Bylaws, and  
Policies and Procedures of the Kentucky Public Retirees Organization?

(Answer)

. . .And, to the best of your ability, will you follow the policies and procedures as  
set forth in the rules and regulations of KPR, including the Code of Ethics?

(Answer)

Your having answered in the affirmative, I hereby declare you to be duly  
installed.

Congratulations!

