

PLEASE COMPLETE AND RETURN THIS FORM BY MAIL OR FAX TO CalPERS  
NO LATER THAN **APRIL 30 2010**, AT THE ADDRESS OR FAX NUMBER BELOW

CalPERS Election Coordinator  
California Public Employees' Retirement System  
P.O. Box 942702  
Sacramento, CA 94229-2702  
Fax Number: (916) 795-4607

## ELECTION OFFICER DESIGNATION & CERTIFICATION

### DESIGNATION

The person named below has been designated to serve as the Agency Election Officer for Public Agency Members Elections, including runoff elections if applicable, for the CalPERS Board of Administration, until the agency submits another ELECTION OFFICER DESIGNATION & CERTIFICATION designating a different Agency Election Officer:

Agency Name: \_\_\_\_\_ CalPERS Employer Code No.\*: \_\_\_\_\_

Agency Election Officer:

\_\_\_\_\_  
(Print or Type) (Title)

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

(\* It is the four digit number located in the upper left hand corner of the mailing label on the envelope or box in which you received this information.)

Street Address: \_\_\_\_\_  
(Must be provided)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION

I, \_\_\_\_\_, the designated Agency Election Officer for \_\_\_\_\_, do hereby certify that I have read and understand the attached Information for Election Officers Outline of Responsibilities, and will comply with those instructions throughout the election process and will ensure that all my actions are compatible with ethical election practices. This includes the prohibition against distributing campaign material endorsing any of the candidates, which I understand is against CalPERS' election policies. (Government Code section 20096).

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

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

\_\_\_\_\_  
Signature of Agency Executive Title Date