## PLEASE COMPLETE AND RETURN THIS FORM BY MAIL OR FAX TO CAIPERS 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 State 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:

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 lewhich you received this information.)	eft hand corner of the mailing label on the envelope or box in
Street Address: (Must be provided)	
Mailing Address:	
CE	RTIFICATION
those instructions throughout the election pro ethical election practices. This includes the	, the designated Agency Election Officer for, do hereby certify that I have read and tion Officers Outline of Responsibilities, and will comply with occess and will ensure that all my actions are compatible with prohibition against distributing campaign material endorsing against CalPERS' election policies. (Government Code section
Signed:	
Date:	
Signature of Agency Executive	Title Date