



Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election

The Nomination Petition Form, endorsed with **at least 250 original signatures of eligible active CalPERS public agency members**, must be received by the California Public Employees' Retirement System (CalPERS) at the address below **no later than 5:00 p.m. on May 14, 2026**. If mailing, certified mail is recommended. Only Nomination Petition Forms supplied by CalPERS will be accepted.

CalPERS

Attention: CalPERS Board Election Coordinator
Lincoln Plaza – 400 Q Street, Room W1570
P.O. Box 942702
Sacramento, CA 94229-2702

Nomination

We, the undersigned, active public agency members of the California Public Employees' Retirement System, place in nomination _____ as a member to the Board of Administration, California Public Employees' Retirement System. The nominee is employed by (agency) _____.

| | | | |
|------------------------------------|--------------------------|----------|---|
| _____ | | | XXX – XX – ____ ____ ____ ____ |
| Nominee's Street Address | | | Last Four Digits of the Social Security Number* |
| _____ | _____ | _____ | _____ |
| City | State | Zip Code | Signature of Nominee Consenting to Nomination |
| (_____) _____ | _____ | | |
| Nominee's Daytime Telephone Number | Nominee's E-Mail Address | | |

Information Needed for Verification of System Membership

| Name* (Type/Print) & Signature | Last Four Digits of the Social Security Number* | (Employed by) (Agency Name) |
|--------------------------------|---|-----------------------------|
| 1. _____ | XXX – XX – ____ ____ ____ ____ | _____ |
| (Type/Print Name Clearly) | | (Employed by) (Agency Name) |
| _____ | | |
| (Signature) | | |

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

2.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

3.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

4.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

5.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

6.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

7.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

8.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

9.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

10.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

11.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

12.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

13.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Name* (Type/Print) & Signature

Last Four Digits of the Social Security Number*

(Employed by)
(Agency Name)

14.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

15.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

16.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

17.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

18.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

19.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

20.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

21.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

22.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

23.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

24.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

25.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

26.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

27.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

28.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

29.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

30.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

31.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

32.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

33.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

34.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

35.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

36.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

37.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

| Name* (Type/Print) & Signature | Last Four Digits of the Social Security Number* | (Employed by) (Agency Name) |
|--------------------------------|---|-----------------------------|
|--------------------------------|---|-----------------------------|

| | | |
|--|-------------------------|---|
| 38. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|--|-------------------------|---|

| | | |
|--|-------------------------|---|
| 39. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|--|-------------------------|---|

| | | |
|--|-------------------------|---|
| 40. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|--|-------------------------|---|

| | | |
|--|-------------------------|---|
| 41. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|--|-------------------------|---|

| | | |
|--|-------------------------|---|
| 42. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|--|-------------------------|---|

| | | |
|--|-------------------------|---|
| 43. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|--|-------------------------|---|

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

44.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

45.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

46.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

47.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

48.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

49.

(Type/Print Name Clearly)

XXX – XX – _____

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(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

50.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

51.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

52.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

53.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

54.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

55.

(Type/Print Name Clearly)

XXX – XX – _____

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

56.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

57.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

58.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

59.

(Type/Print Name Clearly)

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(Employed by)
(Agency Name)

(Signature)

60.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

61.

(Type/Print Name Clearly)

XXX – XX – _____

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

62.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

63.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

64.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

66.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

67.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

68.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

69.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

70.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

71.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

72.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

73.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

74.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

75.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

76.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

79.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

80.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

81.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

82.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

83.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

84.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

85.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

86.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

87.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

88.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

89.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

90.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

91.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

92.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

93.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

94.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

95.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

96.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

97.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

98.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

99.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

100.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

101.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

102.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

103.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

104.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

105.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

106.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

107.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

108.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

109.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

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Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

110.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

111.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

112.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

113.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

114.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

115.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

116.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

117.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

118.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

119.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

120.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

121.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

122.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

123.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

124.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

125.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

126.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

127.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

| Name* (Type/Print) & Signature | Last Four Digits of the Social Security Number* | (Employed by) (Agency Name) |
|--------------------------------|---|-----------------------------|
|--------------------------------|---|-----------------------------|

| | | |
|---|-------------------------|---|
| 128. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 129. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 130. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 131. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 132. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 133. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

| Name* (Type/Print) & Signature | Last Four Digits of the Social Security Number* | (Employed by) (Agency Name) |
|--------------------------------|---|--------------------------------|
|--------------------------------|---|--------------------------------|

| | | |
|---------------------------|-------------------------|--------------------------------|
| 134. _____ | XXX – XX – _____ | _____ |
| (Type/Print Name Clearly) | | (Employed by) (Agency Name) |
| _____ (Signature) | | |

| | | |
|---------------------------|-------------------------|--------------------------------|
| 135. _____ | XXX – XX – _____ | _____ |
| (Type/Print Name Clearly) | | (Employed by) (Agency Name) |
| _____ (Signature) | | |

| | | |
|---------------------------|-------------------------|--------------------------------|
| 136. _____ | XXX – XX – _____ | _____ |
| (Type/Print Name Clearly) | | (Employed by) (Agency Name) |
| _____ (Signature) | | |

| | | |
|---------------------------|-------------------------|--------------------------------|
| 137. _____ | XXX – XX – _____ | _____ |
| (Type/Print Name Clearly) | | (Employed by) (Agency Name) |
| _____ (Signature) | | |

| | | |
|---------------------------|-------------------------|--------------------------------|
| 138. _____ | XXX – XX – _____ | _____ |
| (Type/Print Name Clearly) | | (Employed by) (Agency Name) |
| _____ (Signature) | | |

| | | |
|---------------------------|-------------------------|--------------------------------|
| 139. _____ | XXX – XX – _____ | _____ |
| (Type/Print Name Clearly) | | (Employed by) (Agency Name) |
| _____ (Signature) | | |

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

140.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

141.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

142.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

143.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

144.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

145.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

146.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

147.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

148.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

149.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

150.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

151.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

152.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

153.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

154.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

155.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

156.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

157.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

158.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

159.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

160.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

161.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

162.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

163.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature Last Four Digits of the Social Security Number* (Employed by) (Agency Name)

164. _____ **XXX – XX –** _____ _____
(Type/Print Name Clearly) (Employed by) (Agency Name)

(Signature)

165. _____ **XXX – XX –** _____ _____
(Type/Print Name Clearly) (Employed by) (Agency Name)

(Signature)

166. _____ **XXX – XX –** _____ _____
(Type/Print Name Clearly) (Employed by) (Agency Name)

(Signature)

167. _____ **XXX – XX –** _____ _____
(Type/Print Name Clearly) (Employed by) (Agency Name)

(Signature)

168. _____ **XXX – XX –** _____ _____
(Type/Print Name Clearly) (Employed by) (Agency Name)

(Signature)

169. _____ **XXX – XX –** _____ _____
(Type/Print Name Clearly) (Employed by) (Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

170.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

171.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

172.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

173.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

174.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

175.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

176.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

177.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

178.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

179.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

180.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

181.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

182.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

183.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

184.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

185.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

186.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

187.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

188.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

189.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

190.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

191.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

192.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

193.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

194.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

195.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

196.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

197.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

198.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

199.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

| Name* (Type/Print) & Signature | Last Four Digits of the Social Security Number* | (Employed by) (Agency Name) |
|--------------------------------|---|-----------------------------|
|--------------------------------|---|-----------------------------|

| | | |
|---|-------------------------|---|
| 200. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 201. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 202. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 203. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 204. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 205. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

206.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

207.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

208.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

209.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

210.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

211.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

212.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

213.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

214.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

215.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

216.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

217.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

218.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

219.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

220.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

221.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

222.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

223.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

224.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

225.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

226.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

227.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

228.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

229.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

| Name* (Type/Print) & Signature | Last Four Digits of the Social Security Number* | (Employed by) (Agency Name) |
|--------------------------------|---|-----------------------------|
|--------------------------------|---|-----------------------------|

| | | |
|---|-------------------------|---|
| 230. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 231. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 232. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 233. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 234. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 235. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

* **NOTE:** The last name and the last four digits of the Social Security number information are being sought for the sole purpose of verifying CalPERS membership against the CalPERS database. Be advised that in some cases, the information provided may not be sufficient to verify CalPERS membership or may delay verification of eligible signers. In the event CalPERS membership cannot be verified, the signature will be deemed invalid and not counted. Nomination Petitions, including signatories, may be subject to public review.

Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

236.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

237.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

238.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

239.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

240.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

241.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

242.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

243.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

244.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

245.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

246.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

247.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

248.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

249.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

250.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

251.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

252.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

253.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

254.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

255.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

256.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

257.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

258.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

259.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

260.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

261.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

262.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

263.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

264.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

265.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

266.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

267.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

268.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

269.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

270.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

271.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

| Name* (Type/Print) & Signature | Last Four Digits of the Social Security Number* | (Employed by) (Agency Name) |
|--------------------------------|---|-----------------------------|
|--------------------------------|---|-----------------------------|

| | | |
|---|-------------------------|---|
| 272. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 273. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 274. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 275. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 276. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 277. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

278.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

279.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

280.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

281.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

282.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

283.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

284.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

285.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

286.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

287.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

288.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

289.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

| Name* (Type/Print) & Signature | Last Four Digits of the Social Security Number* | (Employed by) (Agency Name) |
|--------------------------------|---|-----------------------------|
|--------------------------------|---|-----------------------------|

| | | |
|---|-------------------------|---|
| 290. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 291. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 292. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 293. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 294. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

| | | |
|---|-------------------------|---|
| 295. _____ (Type/Print Name Clearly) _____ (Signature) | XXX – XX – _____ | _____ (Employed by) (Agency Name) |
|---|-------------------------|---|

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Nomination Petition 2026 CalPERS Board of Administration Public Agency Member Election, for: _____

Name* (Type/Print) & Signature

Last Four Digits of the
Social Security Number*

(Employed by)
(Agency Name)

296.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

297.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

298.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

299.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

300.

(Type/Print Name Clearly)

XXX – XX – _____

(Employed by)
(Agency Name)

(Signature)

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