Nomination Petition 2026 CalPERS Board of Administration State Member Election

The Nomination Petition Form, endorsed with **at least 250 original signatures of eligible active CalPERS state 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 state 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.	_____ (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.

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	Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
2.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
3.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
4.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
5.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
6.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
7.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
8.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
9.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
10.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
11.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
12.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
13.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
14.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
15.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
16.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
17.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
18.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
19.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
20. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
21. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
22. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
23. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
24. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
25. _____ (Type/Print Name Clearly) _____ (Signature)	**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)
26. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
27. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
28. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
29. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
30. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
31. _____ (Type/Print Name Clearly) _____ (Signature)	**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)
32. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
33. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
34. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
35. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
36. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
37. _____ (Type/Print Name Clearly) _____ (Signature)	**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)
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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	Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
44.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
45.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
46.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
47.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
48.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
49.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
50.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
51.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
52.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
53.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
54.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
55.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
56.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
57.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
58.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
59.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
60.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
61.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
62. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
63. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
64. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
65. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
66. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
67. _____ (Type/Print Name Clearly) _____ (Signature)	**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)
68.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
69.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
70.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
71.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
72.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
73.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
74.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
75.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
76.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
77.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
78.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
79.	_____ (Type/Print Name Clearly) _____ (Signature)	**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) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
81.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
82.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
83.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
84.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
85.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
86.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
87.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
88.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
89.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
90.	_____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
91.	_____ (Type/Print Name Clearly) _____ (Signature)	**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)
92. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
93. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
94. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
95. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
96. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
97. _____ (Type/Print Name Clearly) _____ (Signature)	**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)
98. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
99. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
100. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
101. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
102. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
103. _____ (Type/Print Name Clearly) _____ (Signature)	**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)
104. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
105. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
106. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
107. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
108. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
109. _____ (Type/Print Name Clearly) _____ (Signature)	**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) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
111. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
112. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
113. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
114. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
115. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
116. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
117. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
118. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
119. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
120. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
121. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
122. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
123. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
124. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
125. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
126. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
127. _____ (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 State 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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
134. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
135. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
136. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
137. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
138. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
139. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
140. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
141. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
142. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
143. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
144. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
145. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
146. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
147. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
148. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
149. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
150. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
151. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
152. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
153. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
154. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
155. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
156. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
157. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
158. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
159. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
160. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
161. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
162. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
163. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
164. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
165. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
166. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
167. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
168. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
169. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
170. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
171. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
172. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
173. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
174. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
175. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
176. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
177. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
178. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
179. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
180. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
181. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
182. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
183. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
184. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
185. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
186. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
187. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
188. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
189. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
190. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
191. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
192. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
193. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
194. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
195. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
196. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
197. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
198. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
199. _____ (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 State 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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
206. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
207. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
208. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
209. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
210. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
211. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
212. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
213. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
214. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
215. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
216. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
217. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
218. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
219. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
220. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
221. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
222. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
223. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
224. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
225. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
226. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
227. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
228. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
229. _____ (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 State 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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
236. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
237. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
238. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
239. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
240. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
241. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
242. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
243. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
244. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
245. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
246. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
247. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
248. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
249. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
250. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
251. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
252. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
253. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
254. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
255. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
256. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
257. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
258. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
259. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
260. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
261. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
262. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
263. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
264. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
265. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
266. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
267. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
268. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
269. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
270. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
271. _____ (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 State 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)

* **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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
278. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
279. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
280. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
281. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
282. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
283. _____ (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 State Member Election, for: _____

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
284. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
285. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
286. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
287. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
288. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
289. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)

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

Name* (Type/Print) & Signature	Last Four Digits of the Social Security Number*	(Employed by) (Agency Name)
296. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
297. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
298. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
299. _____ (Type/Print Name Clearly) _____ (Signature)	**XXX – XX –** _____ _____ _____ _____	_____ (Employed by) (Agency Name)
300. _____ (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.