

Nomination Certification

CALSTRS

Candidate Information

LAST NAME Ellis FIRST NAME Maggie (Margaret) M.I. R
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE _____ EVENING PHONE _____
 EMAIL _____ FAX NUMBER _____
 DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

Candidate Declaration

I declare myself a candidate for the following position on the Teachers' Retirement Board:
 (Choose only one)

- ☒ **Pre K-12 (non-administrator)**—At the time of election, I will be an active member of the Defined Benefit Program or participant of the Cash Balance Benefit Program employed by a county office of education or school district that provides instruction for grades Pre K-12, in a position other than a school administrator that requires a services credential with a specialization in administrative services, during the period beginning with July 1, 2014, through June 30, 2015, and at the time of election.
- ☐ **Pre K-12 (Inclusive)**—At the time of election, I will be an active member of the Defined Benefit Program or participant of the Cash Balance Benefit Program employed by a county office of education or school district that provides instruction for Pre K-12 during the period beginning with July 1, 2014, through June 30, 2015, and at the time of election.
- ☐ **Community College**—At the time of election, I will be a community college instructor and an active member of the Defined Benefit Program or participant of the Cash Balance Program employed by a community college district during the period beginning with July 1, 2014, through June 30, 2015, and at the time of election.

I am a:

- ☒ Member of the CalSTRS Defined Benefit Program
☐ Participant in the CalSTRS Cash Balance Benefit Program

My employer(s) is/are:

- ☒ A school district that provides instruction for grades Pre K-12, inclusive
☐ A county office of education
☐ A community college district

NAME OF EMPLOYER(S)

PHONE NUMBER(S)

CALSTRS

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By signing this Nomination Certification Form, I:

- Acknowledge that I have received a candidate nomination packet containing a copy of the Notice of Election, petition form, nomination certification form, and copies of the rules and regulations governing the conduct of board member elections.
- Accept the nomination.
- Agree to comply with the rules and regulations governing the conduct of board member elections.
- Acknowledge the authority of the Election Coordinator to edit my candidate statement according to the regulations adopted by the board.
- Agree to furnish information requested by the Election Coordinator necessary to verify any factual statements I make in my candidate statement, in a prompt and full manner.
- Agree to abide by a drawing of lots by the Election Coordinator in case of a tied vote.
- Consent to serve if elected.

Maggie R. Ellis
SIGNATURE

February 6, 2015
DATE