

DEPARTMENT OF ELECTIONS
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 48
San Francisco CA 94102-4634



John Arntz
Director of Elections

2014 Retiree Health Care Trust Fund Board - Perjury Notice

Name (Print): _____ Date: _____

**UNDER PENALTY OF PERJURY, I DECLARE THAT I DO NOT HAVE MY
RETIREE HEALTH CARE TRUST FUND BOARD ELECTION BALLOT, BECAUSE:**

- I NEVER RECEIVED I LOST IT
- IT IS SPOILED (e.g. not correctly marked, torn, etc.)

**I HAVE NOT, AND WILL NOT, VOTE MORE THAN ONCE IN THIS ELECTION. I
AM AWARE THAT IT IS A FELONY TO VOTE MORE THAN ONCE.**

SIGNED: _____

ADDRESS: _____ **ZIP:** _____

PHONE NUMBER: _____