Exhibit B: Page 1



SACRS VOTING BALLOT FORM

Position	Name of Candidate
President	
Vice President	
Treasurer	
Secretary	
Regular Member	
Regular Member	
he voting delegate Signature:	ere approved by the Retirement Board on/ completing this form on behalf of the Retirement Board:
The voting delegate Signature: Print Name: Position:	completing this form on behalf of the Retirement Board:

Executive Director at Sulema@sacrs.org.