

MEETING:		
LOCATION:		
DATE:		
l,	, do hereby give r	my PROXY to
who is a Democrat, regi	stered within the	District, with authority to vote
in my place on any and	all matters that may come befo	re said meeting unless otherwise instructed
below.		
Signature:		
Print Name:		
Office:		
Address:		
Instructions for use of P	roxy (if none, write "None")	
Name	Signatur	re
Name	Signatur	re