

MEETING:		
LOCATION:		
DATE:		
l,	, do hereby give my PROXY to	who is a Democrat,
registered within the	County and the Distr	rict/Precinct, with authority to vote in
my place on any and all matters	s that may come before said meeting unless otherwis	se instructed below.
Signature:		
Print Name:		
Office:		
Address:		
Instructions for use of Proxy (if	none, write "None")	
Witness One Name	Signature	
Witness Two Name	Signature	

Bylaw 35: Proxy Types - A.2 A written proxy must clearly state the name of the person giving the proxy, the office held, the name of the person whom the proxy is given, and the date of the meeting for which the proxy is given. **It must be signed and witnessed in-person by two non-related adults.**