

MEETING:		
LOCATION:		
DATE:		
I,	, do hereby give my PROXY to	who is a Democrat,
registered within the	County and the	District/Precinct, with authority to vote in
my place on any and all matter	s that may come before said meeting unless	s otherwise instructed below.
Signature:		
Office:		
Instructions for use of Proxy (if	none, write "None")	
Witness One Name	Signature	
Witness Two Name	Signature	
	the proxy is given, and the date of the meet	f the person giving the proxy, the office held, ting for which the proxy is given. It must be

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