

# 2019 ADP STATE COMMITTEE MEMBER PROXY

I am a member of the (check one):  ADP State Committee or  ADP Executive Committee

State Committee Member: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
(Print name) (Print county or legislative district organization)

Proxy to: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
(Print name) (Print county or legislative district organization)

**I hereby authorize the State Committee Member indicated above to act as my proxy on all matters coming before the meeting of the Arizona Democratic Party.**

Proxy is for the meeting that is scheduled to be held on: \_\_\_\_\_, 2019.  
(Month) (Day)

My proxy is:

General (Use of proxy is unrestricted.) OR  Limited to a particular vote as follows:

\_\_\_\_\_  
\_\_\_\_\_

Uninstructed (No directions are given for wrong.) OR  Instructed as follows: (How vote should be cast.)

\_\_\_\_\_  
\_\_\_\_\_

Transferable (Proxy may be transferred to another member. The action must be recorded by Secretary.) OR  Not Transferable (Proxy may not be given to another member.)

**Note: The Democratic National Committee allows the Arizona Democratic State Committee to use proxies as allowed by the Arizona Democratic bylaws with the exception of a limit of three (3) proxies per State Committeeperson (see DNC Rule 16 & Reg. 4.26). Unless otherwise indicated, a proxy is presumed to be General, Uninstructed and Transferable. A proxy must be held by a precinct committeeperson residing in the County where the member resides, except any member residing in a Legislative District lying wholly within a single county shall give his or her proxy to another qualified precinct committeeperson residing within such district (Pima & Maricopa).**

Date: \_\_\_\_\_, 2019 State Committee Member: \_\_\_\_\_  
(print name)

Time: \_\_\_\_\_ AM/PM \_\_\_\_\_  
(signature)

**\*EACH PROXY MUST BE ATTESTED BY TWO (2) WITNESSES OR A NOTARY**

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Witness  
OR

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_ 2019

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

Proxy forms must be signed and may be filed with the Chairman in person or sent by mail prior to the meeting. To ensure your proxy is received in a timely manner, please return this form to the address below, or to the registration table at the meeting:

Arizona Democratic Party • 2910 North Central Avenue • Phoenix, Arizona 85012