2020 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: ___________ , 2020.
(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:

☐ Transferable (Proxy may be transferred to another member. The action must 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: ___________ , 2020
State Committee Member: ___________________________
(print name)

Time: ___________ AM/PM
(print name)

(signature)

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

__________________________
Witness

Subscribed and sworn to before me this ___________ day of ______ 2020

__________________________
Witness

or

__________________________
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