

2012 ADP COMMITTEE MEMBER PROXY

I am a member of the (circle one) State Committee or Executive Committee

If attending both Executive and State Committee Meetings, please submit a separate form for each

Committee Member: _____ Affiliation: _____
(print name) (county or legislative district organization)

Proxy to: _____ Affiliation: _____
(print name) (county or legislative district organization)

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

My proxy is:

- | | | |
|--|-----------|--|
| <input type="checkbox"/> General
<small>(Use of proxy is unrestricted.)</small> | OR | <input type="checkbox"/> Limited to a particular vote as follows:

_____ |
| <input type="checkbox"/> Uninstructed
<small>(No directions are given for voting.)</small> | OR | <input type="checkbox"/> Instructed as follows:
<small>(How vote should be cast)</small>

_____ |
| <input type="checkbox"/> Transferable
<small>(Proxy may be transferred to another member.
This action must be recorded by Secretary)</small> | OR | <input type="checkbox"/> Not Transferable
<small>(Proxy may not be given to another member.)</small> |

Note: 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). There shall be no limit to the number of proxies an individual can hold unless the member is from the County where the State Committee Meeting is held; Committee Members from the hosting County may hold no more than three (3) proxies in addition to his/her own vote.

Date: _____, 2012 Committee Member: _____
(print name)
 Time: _____ AM/PM _____
(signature)

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

_____ Witness		Subscribed and sworn to before me this _____ day of _____ 2012
_____ 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: