

# PROXY

**PLEASE PRINT OR TYPE:** Use either Option 1 OR Option 2 for verification

I hereby authorize the individual indicated below to act as my proxy for the Palm Beach County Democratic Party Executive Committee Meeting to be held on (date) \_\_\_\_\_ to vote on any and all matters and to do any and all acts which I could do if present.

MEMBER'S NAME \_\_\_\_\_ Precinct or District Represented \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
MEMBER'S SIGNATURE

PROXY NAME: \_\_\_\_\_ Precinct or District \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_

## OPTION 1. SIGNED BY A NOTARY PUBLIC

|                                                                                                                  |                  |                                                        |
|------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------|
| STATE OF FLORIDA<br>COUNTY OF _____                                                                              |                  |                                                        |
| Sworn to and subscribed before me this _____ day of _____, 20 _____, by (name of person making statement) _____. |                  |                                                        |
|                                                                                                                  |                  | _____<br>Signature of Notary Public – State of Florida |
|                                                                                                                  |                  | _____<br>Name of Notary typed, printed or stamped      |
| <input type="checkbox"/>                                                                                         | Personally Known | OR <input type="checkbox"/>                            |
|                                                                                                                  |                  | Produced Identification                                |
| Type of ID Produced: _____                                                                                       |                  |                                                        |

## OPTION 2. SIGNED BY TWO WITNESSES

|                                        |                   |
|----------------------------------------|-------------------|
| <b>WITNESS #1</b>                      |                   |
| _____<br>Date                          | _____<br>County   |
| _____<br><b>WITNESS #1: Print Name</b> |                   |
| _____<br>Signature                     |                   |
| _____<br>Address                       |                   |
| _____<br>City                          | _____<br>Florida  |
| _____<br>State                         | _____<br>Zip Code |

|                                        |                   |
|----------------------------------------|-------------------|
| <b>WITNESS #2</b>                      |                   |
| _____<br>Date                          | _____<br>County   |
| _____<br><b>WITNESS #2: Print Name</b> |                   |
| _____<br>Signature                     |                   |
| _____<br>Address                       |                   |
| _____<br>City                          | _____<br>Florida  |
| _____<br>State                         | _____<br>Zip Code |

**NOTE: A PERSON ACTING AS A PROXY MUST BE A REGISTERED DEMOCRAT WHO IS A RESIDENT OF THE PRECINCT OF THE SEATED OR AT-LARGE MEMBER OR THE DISTRICT OF THE AUTOMATIC MEMBER WHOM HE/SHE IS REPRESENTING.**