



PROXY FORM

MEETING: _____

LOCATION: _____

DATE: _____

I, _____, do hereby give my PROXY to _____
who is a Democrat, registered within _____ County and the _____ Precinct, with
authority to vote in my place on any and all matters that may come before said meeting unless
otherwise instructed below.

Signature: _____

Print Name: _____

Office: _____

Address: _____

Instructions for use of Proxy (if none, write "None")

* * * * *

Oklahoma Democratic Party Bylaws amended July 15, 2017 require that the delegate's signature on a proxy must be WITNESSED by TWO (2) NON-RELATED ADULTS

Witness #1:

Name: _____ Signature: _____

Witness #2:

Name: _____ Signature: _____