



PROXY DESIGNATION FORM: FALL 2019 MEETING

KNOW ALL PEOPLE BY THESE PRESENT:

That I, _____ ,
(Printed Name of State Committee Official Appointing Proxy)

of _____ County, Pennsylvania,
(Printed County of Residence of Person Above)

do hereby appoint _____
(Printed Name of Designated and Qualified Proxy)

to be my substitute and carry this proxy for me and in my name and on my behalf, to vote at the meeting of The Pennsylvania Democratic State Committee held on **Saturday, September 21, 2019** as fully as I might or could were I present.

(Signature of Person Appointing Proxy)

(Date Signed)

(Signature of Witness)

(Date Signed)

EXCERPTS FROM THE RULES OF THE DEMOCRATIC STATE COMMITTEE

RULE III, SECTION 10: Any member of the State Committee who is unable to attend a meeting of the committee in person may appoint by proxy a Democratic Elector, who is a resident of the same county and not already a member, who shall have the right to attend such meeting and vote thereat as the representative of such absent member, except that a proxy may not serve on any standing committee or special committees appointed or elected by any means, at such meeting. Any such proxy shall be in writing, **signed by the member of the State Committee**, attested by the signature of a witness and dated. **RULE III, SECTION 11:** Any State Committee Member who is personally absent from three consecutive meetings or who grants a proxy for three consecutive meetings shall forfeit his/her membership on the State Committee. Any member who forfeits his or her membership under this Section may appeal to the State Executive Committee for reinstatement if the absences were caused by the member’s serious illness.