

NCC VOTING PROXY



Committee Member: _____
(Name)

(Address)

Rep.District: _____ **Election District:** _____

Proxy to: _____
(Name)

(Address)

Rep.District: _____

In accordance with the relevant rules of the New Castle County Democratic Party Rules, I hereby authorize the person indicated above to act as my proxy on all matters coming before the convention of the New Castle Democratic Committee on April 29, 2017, in New Castle County, Delaware.

DATE: _____, 2017

MEMBER: _____
(signature)