

DO NOT COMPLETE THIS SECTION – FOR OFFICE USE ONLY

Jurisdiction			
County		Legislative District	
Precinct			
Date Received			

**Surrogate Affidavit Form for the
2016 Democratic Precinct Caucus**

Please place my name onto the **Precinct Caucus Sign-in Sheet** with the word “*Surrogate*” on the signature line, and count my vote for delegate allocation for:

Name of candidate I am supporting, or “uncommitted”	
Alternate candidate, if my candidate above is not allocated any delegates	
Signature	
Date	

Full Name (as registered) <i>Please Print Clearly</i>			
Date of Birth		Gender	
Home Phone		Mobile Phone	
Email Address			
Registration Address			
Registration City		Registration Zip Code	
Mailing Address <i>(Or “Same as Above”)</i>			
Mailing City		Mailing Zip Code	



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Final Preference		Delegate?		Alternate Number?	
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Washington State Democrats - www.wa-democrats.org - (206) 583-0664

PLEASE TURN OVER
INCOMPLETE FORMS WILL NOT BE COUNTED

Optional

Ethnicity							
LGBTQ?	<input type="checkbox"/>	Disabled?	<input type="checkbox"/>	Veteran?	<input type="checkbox"/>	Union?	<input type="checkbox"/>

I certify that (*check boxes below*):

- I Consider myself a Democrat, and that;
- My name and address are correctly listed above, and that;
- I am a registered voter (or will be by November 8, 2016); and that;
- I will be unable to attend the 2016 Washington State Democratic Precinct Caucus on Saturday, March 26, 2016 because of my need to participate in observance of my religion, because I have responsibilities related to military service or work schedule, or because I have a disability or illness that does not allow me to attend the Precinct Caucus and that;
- I am aware that proxies for any other purpose other than religious observance, military service, work schedule, disability or illness are strictly prohibited by the **2016 Washington State Delegate Selection and Affirmative Action Plan**.

Check One:

- I wish to be considered for the position of delegate to the Legislative District Caucus and County Convention, if my candidate or alternate candidate, listed above, is allocated delegates at the Precinct Caucus.
- I do not wish to be considered for the position of Delegate to the Legislative District and County Convention.

A copy of this form properly completed and signed must be sent either by mail, fax or as a scanned PDF to the State Democratic Party headquarters and **must be received no later than Friday, March 18, 2016 at 5:00 P.M.**, this is so that the form may be forwarded to the proper local party organization prior to the Saturday, March 26, 2016 Precinct Caucuses.

Properly completed and signed **Surrogate Affidavit Forms** must be sent to:

Jaxon Ravens, Chair
RE: Surrogate Affidavit Form
Washington State Democratic Party
PO Box 4027
Seattle, WA 98194
Fax: (206) 583-0301
greg@wa-democrats.org