

**2025 MARICOPA COUNTY REPUBLICAN COMMITTEE (MCRC) STATUTORY MEETING PROXY FORM**

KNOW ALL PERSONS BY THESE PRESENTS:

That I, \_\_\_\_\_,  
(Print the name of the person making the appointment, the person WHO IS NOT attending the meeting)

the undersigned Precinct Committeeman (PC) in \_\_\_\_\_ Precinct, Legislative District \_\_\_\_\_,  
Maricopa County, State of Arizona, do hereby constitute and appoint:

\_\_\_\_\_  
(Print the name of the Appointee—**MCRC PC ONLY**—within the **SAME PRECINCT WHO IS** attending the meeting)

\_\_\_\_\_  
(Print the address, including city, state, and zip code — and phone number — of the Appointee)

**a Precinct Committeeman (PC) in my same Precinct**, as my Attorney-in-Fact and Proxy to vote for me, in my name and stead, at the scheduled **2025 MCRC STATUTORY MEETING** to be held on **Saturday, January 11th, 2025** taking place at the **Dream City Church, 13613 N. Cave Creek Rd., Phoenix, AZ 85022**.

My named Proxy is hereby appointed for the transaction of any and all business that may properly come before the meeting, and I do hereby approve, ratify, and confirm all of the acts of my named Proxy.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SIGNED \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
(MCRC Precinct Committeeman WHO IS NOT attending the meeting)

**PLEASE NOTE:** The above signature of the Precinct Committeeman not attending the meeting and the name and address of the appointee shall be witnessed by two individuals other than the two principals **OR** attested to by a Notary Public.

\_\_\_\_\_  
WITNESS 1 Signature (Other than Appointee or Appointer)

\_\_\_\_\_  
WITNESS 2 Signature (Other than Appointee or Appointer)

\_\_\_\_\_  
WITNESS 1 Printed Name

\_\_\_\_\_  
WITNESS 2 Printed Name

\_\_\_\_\_  
Street Address City, State, Zip Code

\_\_\_\_\_  
Street Address City, State, Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

**OR**

STATE OF ARIZONA        )  
  ) ss  
COUNTY OF MARICOPA    )

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**PLEASE NOTE: All PC Proxy Information is subject to validation by the Credentials Committee.**

**DATE, TIME, LOCATION, PROXY APPOINTER AND APPOINTEE, 2 WITNESSES OR NOTARY PUBLIC MUST BE COMPLETED BEFORE APPROACHING THE LD SIGN-IN TABLE FOR PROXY TO BE VALID**