

PROXY FORM (EXECUTIVE BOARD MEMBERS)



This proxy is for attendance at the Executive Board meeting of the California Democratic State Central Committee, convening on November 18-20, 2016, at the Hyatt Regency Mission Bay, 1441 Quivira Road, San Diego CA 92109

Note: A person holding the proxy must be a member of the Democratic State Central Committee but not a member of the Executive Board; no person may hold more than one proxy. To vote by proxy, the following conditions must be met:

1) A member of the Executive Board may give his/her proxyholder **to another member of Democratic State Central Committee who is not already a member of the Executive Board...**(Pursuant to California Democratic Party By-Laws, Article VII, Section 5a).

Additionally:

- 2) If the person is a **representative of a County Central Committee**, such member may designate in writing as his or her proxyholder only a person who is a member or alternate of the same County Committee and is a DSCC member, or
- 3) If the member is an **Assembly District Representative**, such member may designate in writing as his or her proxyholder only a person who is a DSCC member of the same Assembly District.

→ PLEASE COMPLETE AND FAX TO 916.442.5715, ATTN: Unique or Scan an Email: unique@cadem.org or mail to **CDP, 1830 - 9th Street, Sacramento, CA 95811** -- MUST BE IN OUR OFFICE **BY November 11, 2016 (Friday)** OR HAVE THE PROXY BRING THIS FORM TO EXECUTIVE BOARD MEETING.

I, (Executive Board member -- your name), _____, duly qualified to sit as a member of the Executive Board of the California Democratic State Central Committee, hereby designate:

PRINT OR TYPE

(Proxy's name) _____
 (street address) _____
 (city & zip code) _____,
 (day phone) () _____ (eve phone) () _____
 (e-mail address) _____

as my proxy with full power to act for me in every respect as a duly qualified member of the Executive Board.

I hereby declare under penalty of perjury that the foregoing is true and correct. Date ___ / ___ / ___.

(Executive Board member's signature) _____

(Your address) _____

(Your city & zip code) _____,

(day phone) () _____ (day fax) () _____

(eve phone) () _____ (eve fax) () _____

(Your e-mail address) _____

(Executive Board Designation -- # _____ Assembly District _____ County Central Committee Other: _____)

CDP/EDUCATIONAL SERVICES