PROXY FORM

PROXY CHECKLIST

ELIGIBILITY

- 1. Proxy holder must be a member of the State Central Committee (DSCC) delegate and not already on the Executive Board (EBoard).
- 2. Holders may not carry more than one proxy.
- 3. If you were elected to the EBoard by an Assembly District Election Meeting, proxy must be registered in the same Assembly District.
- 4. If you were elected to the EBoard by a County Central Con of t

- **SUBMISSION**
- 5. Proxy forms may be filed in advance no later than Sunday January 10, 2021 by midnight.
 - * Scan and email: emma@cadem.org * Fax: 916.442.5715
 - * Mail 1830 9th St, Sacramento, CA 95811
- 6. Proxy forms may also be filed on site at the EBoard Meeting.
- 7. It is recommended you give a copy of the completed form to your proxy to bring onsite even if you submit a copy in advance.

APPROVAL AND REGISTRATION

- 8. Proxies must complete registration process prior to representing you.
- 9. Proxies shall report to the Proxy Table prior to receiving their credential.
- 10. Annual DSCC dues and the EBoard registration fee must be paid or waived by the EBoard Representative ONLY. Only DSCC/EBoard members can request a waiver of dues.

of the same County Central Committee.		OFFICIAL USE ONLY Check if proxy is already in pre-approved binder.
EXECUTIVE BOARD MEMBER / PROXY GIVER I declare under penalty of perjury I am duly qualified to sit as a member of the Executive Board of the California Democratic State Central Committee, and hereby designate the following as my proxy with full power to act for me in every respect, and that the information on this form is true and correct to the best of my knowledge and belief.		 Check the list to verify proxy giver is a member of the DSCC and EBoard. Write down their DSCC number (7 digit number starting "D" of "F") and EBoard Source. DSCC #:
Executive Board Member Signature	Date	their DSCC number. DSCC #: DSCC #: DS
Executive Board Member Name (Print)		3. If EBoard source is ADEM, check the <u>proxy holder</u> is registered in the same Assembly District.
Registration Address		Same AD: 🗌 N/A 🗌 Yes 🗌 No
City	Zip	4. If EBoard source is CCREP, check <u>proxy holder</u> is member of the same county committee. Same County Committee: N/A Yes No
		5. Check <u>proxy giver</u> has signed the proxy form.
Phone #		Signed: 🗌 Yes 🗌 No
County PROXY HOLDER	Assembly District	DO NOT APPROVE IF PROXY GIVER & HOLDER DO NOT BOTH HAVE DSCC #'s, GIVER DOES NOT HAVE AN EBOARD SOURCE, OR YOU ANSWERED NO TO ANY STEP.
		If approved:Fill out the Approved Proxy Form.Stamp and initial both forms.
Proxy Holder Name (Print)		 Keep this form and give Approved Proxy Form to proxy holder.
Registration Address		STAMP HERE IF APPROVED
City	Zip	
Phone #		
		INITIAL:

Assembly District