

## PROXY CHECKLIST

### ELIGIBILITY

1. Proxy holder must be a member of the State Central Committee (DSCC) 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 Committee, proxy must be a member of the same County Central Committee.

### SUBMISSION

5. Proxy forms may be filed in advance no later than Friday November 9, 2018 by:
  - \* Fax: 916.442.5715
  - \* Scan and email: [emma@cadem.org](mailto:emma@cadem.org)
  - \* Mail 1830 9<sup>th</sup> 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 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. Only members can request a waiver of dues. EBoard fees cannot be waived.
11. Credentialing ends at 10:00AM on Sunday, November 18, 2018.

## 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.

\_\_\_\_\_  
Executive Board Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Board Member Name (Print)

\_\_\_\_\_  
Registration Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
County

\_\_\_\_\_  
Assembly District

## PROXY HOLDER

\_\_\_\_\_  
Proxy Holder Name (Print)

\_\_\_\_\_  
Registration Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
County

\_\_\_\_\_  
Assembly District

### OFFICIAL USE ONLY

*Check if proxy is already in pre-approved binder.*

1. 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" or "F") and EBoard Source.

DSCC #:

Source: \_\_\_\_\_

2. Check the list to verify proxy holder is a member of the DSCC but NOT an EBoard member. Write down their DSCC number.

DSCC #:

Holder Not on EBoard:  Yes  No

3. If EBoard source is ADEM, check the proxy holder is registered in the same Assembly District.

Same AD:  N/A  Yes  No

4. If EBoard source is CCREP, check proxy holder is member of the same county committee.

Same County Committee:  N/A  Yes  No

5. Check proxy giver has signed the proxy form.

Signed:  Yes  No

**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.
- Keep this form and give Approved Proxy Form to proxy holder.

**STAMP HERE IF APPROVED**

INITIAL: \_\_\_\_\_