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 Committee, proxy must be a member

SUBMISSION

- 5. Proxy forms may be submitted by.
 - * Scan and email: emma@cadem.org * Fax: 916.442.5715
 - * Mail 1830 9th St, Sacramento, CA 95811
- 6. Proxy forms are strongly encouraged to be submitted no later than Sunday July 19, 2020 by midnight.

APPROVAL AND REGISTRATION

- 7. Proxies will be approved by the Credentials Committee at their meeting on Thursday July 23, 2020 at 6:00pm. Credentialing will end at that time.
- 8. 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 / PRO I declare under penalty of perjury I am duly quali Executive Board of the California Democratic Stat hereby designate the following as my proxy with fir respect, and that the information on this form is of my knowledge and belief.	ified to sit as a member of the e Central Committee, and ull power to act for me in every	1. Check the list to verify <u>proxy giver</u> is a member of the DSCC and EBoard. Write down their DSCC number (7 digit number starting "D" of "F") and EBoard Source. DSCC #: Source: 2. Check the list to verify <u>proxy holder</u> is a member of	
Executive Board Member Signature	Date	the DSCC but NOT an ÉBoard member. Write down their DSCC number. DSCC #:	
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 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.	
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.	
Proxy Holder Name (Print)		If approved:Fill out the Approved Proxy Form.Stamp and initial both forms.Keep this form and give Approved Proxy Form to proxy holder.	
Registration Address		STAMP HERE IF APPROVED	
City	Zip		
Phone #			
County	Assembly District	INITIAL:	