PROXY FORM

PROXY CHECKLIST

ELIGIBILITY

- Proxy holder must be a delegate member of the State Central Committee (DSCC) and not already on the Executive Board (EBoard).
- 2. Holders may $\underline{\text{not}}$ carry more than one proxy.
- If elected to the EBoard by an Assembly District Election Meeting, the proxy DSCC must be a registered Democrat in the same Assembly District.
- If elected to the EBoard by a County Central Committee, the proxy DSCC must be also be a member of the same County Central Committee.

SUBMISSION

- Proxy forms may be filed in advance no later than Sunday November 14, 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.
- 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

- Proxies must complete registration process prior to representing you.
- Proxies shall report to the Proxy Table prior to receiving their credential.
- 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.

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Check if proxy is already in pre-approved binder.								
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. The content of the								
DSCC #:								
Source:								
Check the list to verify <u>proxy holder</u> is a member of the DSCC but NOT an EBoard member. Write down their DSCC number.								
DSCC #:								
Holder Not on EBoard: ☐ Yes ☐ No								
If EBoard source is ADEM, check the <u>proxy holder</u> is registered in the same Assembly District.								
Same AD: ☐ N/A ☐ Yes ☐ No								
If EBoard source is CCREP, check <u>proxy holder</u> is member of the same county committee.								
Same County Committee: \Box N/A \Box Yes \Box No								
5. Check <u>proxy giver</u> 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:

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)					
City	Zip				
_ Phone #					
County	Assembly District				
PROXY HOLDER					
Proxy Holder Name (Print)					
Registration Address					
City	Zip				
Phone #					
County	Assembly District				