

PROXY CHECKLIST

ELIGIBILITY

- 1. Proxy must be a registered California Democrat and cannot already be a DSCC member delegate.
2. If you were elected by an Assembly District Election Meeting, proxy must be registered in the same Assembly District.
3. If you were elected by a County Central Committee, proxy must be a member of the same County Central Committee.
4. When possible proxy should be of the same gender.

SUBMISSION

- 5. This Proxy form must be submitted to emma@cadem.org in advance by Thursday April 21 2021@5pm
6. Penalty of perjury statement MUST be signed by the delegate to be valid.
7. Proxy forms may be filed in advance by 5PM on Thursday, April 21, 2021 to emma@cadem.org or operations@cadem.org by scan and email attachment
8. It is recommended the proxy also keep a copy of the completed form even if submit a copy in advance.

APPROVAL AND REGISTRATION

- 9. Delegates must complete registration process prior to the proxy representing you cdpconvention.org/register/ - registration will end on April 21, 2021 @ 5:00pm when balloting closes.
10. Proxies will gain to the CADEM Virtual Convention by creating their own profile. Delegates will not have access after signing over to the Proxy.
11. Dues and convention fees must be paid. Only members can request a waiver of dues.
12. All registrants to the 2021 CADEM Convention will be officially credentialed once approved by the CADEM Credentials Committee on Thursday, April 29, 2021 @ 6PM.

MEMBER / PROXY GIVER

I hereby designate the following as my proxy with full power to act for me at the meeting of the Democratic State Central Committee at the Long Beach Convention Center on April 29 – May 2, 2021 and declare under penalty of perjury I am a duly qualified member of this Committee, that my proxy holder is eligible to represent me, and that the information on this form is true and correct to the best of my knowledge and belief.

Member Signature Date
Member Name (Print) Member occupation Member employer
Registration Address
City Zip
Phone #
County Assembly District

PROXY HOLDER

Proxy Holder Name (Print) Proxy occupation Proxy employer
Registration Address
City Zip
Phone # Email: please include for virtual access
County Assembly District

OFFICIAL USE ONLY

- 1. Is proxy already in pre-approved binder?
2. Has proxy giver has signed penalty of perjury statement? Signed: Yes No
3. Is proxy holder is a registered California Democrat? Registered CA Democrat: Yes No
4. Check membership list. Is proxy holder NOT already a member of the DSCC? Holder Not on DSCC: Yes No
5. Check membership list. Is proxy giver a member of the DSCC? Write down their DSCC number (7 digit number starting "D" or "F"). DSCC #:
6. If first number of DSCC # is 7, is the proxy holder registered in the same Assembly District? Same AD: N/A Yes No
7. If first number of DSCC # is 4, is proxy holder member of the same county committee? Same County Committee: N/A Yes No
DO NOT APPROVE IF PROXY GIVER DOES NOT HAVE A DSCC # OR IF YOU ANSWERED NO TO ANY STEP.

- If approved:
• Copy proxy giver's name & DSCC # and proxy receiver's name on Approved Proxy Form.
• Stamp and initial both forms.
• Keep this form and give Approved Proxy Form to proxy holder.

STAMP HERE IF APPROVED

INITIAL: _____