

**PROXY CHECKLIST**

**ELIGIBILITY**

1. Proxy must be a registered California Democrat and cannot already be a member of the Democratic State Central Committee.
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 in advance no later than **Friday, November 10, 2023, at 5pm.** \*Scan and submit completed form using the online submission form at CDPconvention.org, mail to 1830 9<sup>th</sup> St. Sacramento, CA 95811 Attn: Emma or hand carried onsite to the Proxy/Credential Table.
6. Penalty of perjury statement **MUST** be signed by the delegate to be valid.
7. It is recommended the proxy brings a copy of the completed form onsite even if submit a copy in advance.

**APPROVAL AND REGISTRATION**

8. Delegates must complete the registration process prior to the Proxy being approved.
9. Proxies shall report to the Proxy / Credentials Table prior to receiving the Delegates credential.
10. Dues and convention fees must be paid by the Delegate. Only Delegate members can request a waiver of their dues. Proxies do not pay additional fees once the delegate registers.
11. Credentialing ends at 10:00AM on Sunday.

**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 SAFE Credit Union, Sacramento Convention Center on November 17-19, 2023, 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

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<b>Member Signature</b>		<b>Date</b>
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Member Name (Print)	Member occupation	Member employer
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Registration Address		
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City		Zip
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Phone #		Email:
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County		Assembly District

**PROXY HOLDER**

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Proxy Holder Name (Print)	Proxy occupation	Proxy employer
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Registration Address		
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City		Zip
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Phone #		Email:
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County		Assembly District

**OFFICIAL USE ONLY**

1. Is proxy already in pre-approved binder?
  2. Has proxy giver 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:** \_\_\_\_\_