

## 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, May 16, 2025, 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. 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
9. Proxies shall report to the Proxy / Credentials Table prior to receiving the Delegates credential.
10. All Members **MUST** sign with wet signature defines as *putting instrument to paper/screen to create sig., a jpg of sig. inserted, Apple pen or using finger (instrument) to create sig.*
11. ALL 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 Anaheim Convention Center on May 30 – June 1, 2025 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 wet signature

## Date

*putting instrument to paper/screen to create sig., a jpg of sig. inserted, Apple pen or using finger (instrument) to create sig.*

Member Name (Print)

Member occupation

Member employer

Registration Address

City

Zip

Phone #

Email:

County

Assembly District

## PROXY HOLDER

Proxy Holder Name (Print)

Proxy occupation

Proxy employer

Registration Address

City

Zip

Phone # to text electronic convention ballot

Email to send electronic convention ballot

County

Assembly District

## OFFICIAL USE ONLY

DSCC #: \_\_\_\_\_

1. Is proxy already in pre-approved binder?

2. Has proxy giver signed penalty of perjury statement?Signed: ☐ Yes ☐ No3. Is proxy holder a registered California Democrat?Registered CA Democrat: ☐ Yes ☐ No4. Check membership list. Is proxy holder NOT already a member of the DSCC?Holder Not on DSCC: ☐ Yes ☐ No5. Check membership list. Is proxy giver a member of the DSCC? Write down their DSCC number (7-digit number starting "D" or "F").6. If first number of DSCC # is 7, is the proxy holder registered in the same Assembly District?Same AD: ☐ N/A ☐ Yes ☐ No7. 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: \_\_\_\_\_