



# CRC 2017 Statewide Officer Testimony Review Form

DSCC: D999999

Name: Smith, Bob

**Previous Preliminary Determinations:**

**New Testimony:**

**Previous Testimony:**

*Summary of timely testimony submitted and previous preliminary determinations. Full testimony available for review.*

## **CIRCLE ANY NEW OR UPDATED DETERMINATIONS**

**Proxy (Complete Only if Proxy)**

Proxy Name: \_\_\_\_\_

Signed CDP Form:             YES    NO                      Stamped:                                       YES    NO

Proxy Registered CA Dem:     YES    NO                      Proxy Not Already on DSCC:     YES    NO

If County (ID begins with 4), on county comm:     YES    NO

If AD (ID begins with 7), in same AD:                       YES    NO

Proxy Notes: \_\_\_\_\_

Preliminary Proxy Determination:  *VALID PROXY*     *INVALID PROXY*     *COMMISSION REVIEW*

Proxy Review by: CK \_\_\_\_ GS \_\_\_\_ KB \_\_\_\_ LH \_\_\_\_ LL \_\_\_\_ MW \_\_\_\_ Other \_\_\_\_ Date: \_\_\_\_\_

**Ballot**

Ballot Cast:     YES                       NO (With Blank)                       NO (No Blank)

Ballot Type:     ORIGINAL     REPLACEMENT                       WRONG BALLOT

Chair:             BAUMAN     ELLIS                       SHERIDAN     BLANK                       INVALID

**Registration (Complete Only if Ballot Cast)**

Ballot signature:                       YES                       NO

Registration signature:                       YES                       NO

Election sign-in signature:                       YES                       NO

Signature match:                       YES                       COMMISSION REVIEW

Record of timely payment/wavier:     YES                       NO

Notes: \_\_\_\_\_

**Preliminary Determination**

***VALID VOTE/  
DID NOT VOTE***

***INVALID VOTE***

***COMMISSION  
REVIEW***

Review by: CK \_\_\_\_ GS \_\_\_\_ KB \_\_\_\_ LH \_\_\_\_ LL \_\_\_\_ MW \_\_\_\_ Other \_\_\_\_ Date: \_\_\_\_\_