**CRC 2017 Statewide Officer Testimony Review Form**

**DSCC: D999999**

**Name: Smith, Bob**

**Previous Preliminary Determinations:**

**New Testimony:**

**Previous Testimony:**

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**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: __________________________________________________________________________

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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/waiver: □ YES  □ NO

Notes: __________________________________________________________________________

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Preliminary Determination

□  □  □

VALID VOTE/ DID NOT VOTE  INVALID VOTE  COMMISSION REVIEW

Review by: CK ____ GS ____ KB ____ LH ____ LL ____ MW ____ Other ____ Date: ___________

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*D999999*