

California Democratic Party

Legislative Action Committee

LEGISLATIVE POSITION REQUEST FORM

Legislative Position Requests forms must be received by the State Chair thirty (30) days prior to a meeting of the DSCC.

(Position requests may be submitted by any registered Democrat.)

Date of submission: _____ for Consideration by Committee on (date): _____

Name of Submitter: _____ County: _____

Phone: _____ Email: _____

RECOMMENDED POSITION: Support Oppose

1. LEGISLATION FOR CONSIDERATION

TYPE: Federal Legislation State Legislation

Complete Title and Identification Number of the legislation being submitted: _____

AUTHOR(S): _____

SPONSOR(S): _____

OPPOSITION: _____

HISTORY (Committees, Scheduled Votes: _____

(CONTINUE ON ANOTHER PAGE IF NECESSARY.)

Please submit completed forms to the California Democratic Party

Attn: four waters

Fax: (916) 244-0617

Email: four@fourwatersmedia.com

Phone: (916) 743-2782

CDP LEGISLATIVE POSITION REQUEST FORM

Legislative Position Requests forms must be received by the State Chair thirty (30) days prior to a meeting of the DSCC.

2. PROPOSED POSITION

List previous positions taken by DNC or DNC Committees (including the CDP Platform Committee, the CDP Resolutions Committee and CDP Caucuses) that relate to this legislation:

Please describe the reason(s) you feel the legislation should be supported/opposed: _____

(CONTINUE ON ANOTHER PAGE IF NECESSARY.)

3. LEGISLATIVE COMMITTEE RECOMMENDATION:

TO BE COMPLETED BY THE LEGISLATIVE ACTION COMMITTEE ONLY:

SUPPORT OPPOSE FURTHER RESEARCH NEEDED REVISIT BY: _____

Committee notes: _____

Please submit completed forms to the California Democratic Party

Attn: four waters

Fax: (916) 244-0617

Email: four@fourwatersmedia.com

Phone: (916) 743-2782