

**TEXAS DEMOCRATIC PARTY  
CREDENTIALS COMMITTEE CHALLENGE MINUTES**

**Committee:** Confirm Challenger & Challenged Party are from same County/Senatorial District (as appropriate)

Senate District: \_\_\_\_\_ Precinct No. \_\_\_\_\_ County: \_\_\_\_\_

Challenger Name/Contact Info.: \_\_\_\_\_

Person(s) Subject of Challenge (if any): \_\_\_\_\_

Speaker(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_  
(5) \_\_\_\_\_ (6) \_\_\_\_\_  
(7) \_\_\_\_\_ (8) \_\_\_\_\_  
(9) \_\_\_\_\_ (10) \_\_\_\_\_

Nature of Challenge:

- |  |   |
|--|---|
| <input type="checkbox"/> Timeliness of Records/Records Compromised (C-II)                                  | <input type="checkbox"/> Too Many Delegates (C-VIII)                          |
| <input type="checkbox"/> Roberts' Rules of Order (C-III)   | <input type="checkbox"/> Delegate Doesn't Reflect Presidential Sign-in (C-IX) |
| <input type="checkbox"/> No Convention/No Returned Materials (C-IV)  | <input type="checkbox"/> Ineligible Convention Participants (C-X)             |
| <input type="checkbox"/> Inaccurate or Incomplete Materials and/or Nonconformity of Convention Rules (C-V) | <input type="checkbox"/> Provisional Participants (C-XI)                      |
| <input type="checkbox"/> Ineligible Precinct Chairperson (C-VI)  | <input type="checkbox"/> Subsequent Convention Challenge (C-XII)              |
| <input type="checkbox"/> Not Enough Delegates for Pres. Preference (C-VII)                                 | <input type="checkbox"/> OTHER: _____   |

Additional Information and/or Comments (use back of form if necessary): \_\_\_\_\_

<b>CHALLENGE:</b>	<b>AFFIRMED:</b> <input type="checkbox"/>	<b>DENIED:</b> <input type="checkbox"/>
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Committee Member Vote Count: # Affirmed: \_\_\_\_\_ # Denied: \_\_\_\_\_

Committee Decision:  New Pct. Convention  Committee Realigned  Other \_\_\_\_\_

Names of Delegates/Presidential Preference:

(1) _____	(7) _____
(2) _____	(8) _____
(3) _____	(9) _____
(4) _____	(10) _____
(5) _____	(11) _____
(6) _____	(12) _____

- Please list any additional Delegate/Alternate Names (along with Presidential Preference) on the back of this sheet (or a separate sheet, if necessary).

Minority Report?:  Yes (Please attach copy of adopted Report to these Minutes)  Not Applicable

Secretary's Printed Name and Signature: \_\_\_\_\_

- Return a copy of these Minutes and any evidence used to determine the Challenge along with your County Convention materials to the State Party within 4 days to: Chairman Boyd Richie, Texas Democratic Party, 505 W. 12<sup>th</sup> Street, Ste 200, Austin, TX 78701.