



LD3 MOTION SUBMISSION FORM

Please complete all fields below. Use a separate form for each motion.

AUTHOR NAME:	
AUTHOR'S PRECINCT:	
AUTHOR'S EMAIL:	
AUTHOR'S PHONE:	
DATE SUBMITTED:	

MOTION TITLE:	
MOTION SUBMISSION: (250 words max):	

DATE RECEIVED:	
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Email completed form to:
Michal Joyner
michaljoyner@gmail.com
