



## LD3 PROPOSAL SUBMISSION FORM

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

|                    |  |
|--------------------|--|
| AUTOR NAME:        |  |
| AUTHOR'S PRECINCT: |  |
| AUTHOR'S EMAIL:    |  |
| AUTHOR'S PHONE:    |  |
| DATE SUBMITTED:    |  |

|                                          |  |
|------------------------------------------|--|
| PROPOSAL TITLE:                          |  |
| PROPOSAL SUBMISSION:<br>(250 words max): |  |
| DATE RECEIVED:                           |  |

Email completed form to: [LD3GOP@gmail.com](mailto:LD3GOP@gmail.com)