



## LD3 MOTION 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:	

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

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