



NVDEMS

NEVADA STATE CENTRAL COMMITTEE MOTION / RESOLUTION FORM

DATE:

I MOVE THAT:

Both you and the individual seconding your motion must be present at the meeting it is scheduled for in order for the motion to be heard.

PRINT YOUR NAME:

COUNTY:

SECONDED BY:

COUNTY:

Please do not write below this line.

MOTION NUMBER: _____

AMENDED: YES _____ NO _____

AMENDMENT: PASSED _____ DEFEATED _____ TABLED _____ N/A _____

MAIN MOTION: PASSED _____ DEFEATED _____ TABLED _____