



CLARK COUNTY DEMOCRATIC PARTY
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: _____

Seconded by: _____

Signature: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE

Motion Number: _____

Amended: Yes No

Amendment: Passed Defeated Tabled N/A

Main Motion: Passed Defeated Tabled