



NEVADA STATE Democratic Party

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: _____

DO NOT WRITE BELOW THIS LINE

Amended: Yes _____ No _____ (See Amended Motion Form)

Passed _____ Defeated _____ Tabled _____

Main Motion: Passed _____ Defeated _____ Tabled _____

Motion Number _____