		
Initiator Name:		-
Legislative District:	_LD13	
Precinct:		-
Bylaw Article:		_
Bylaw Section:		=
Bylaw Subsection:		
Bylaw Page Number:		
Proposed Amendme Type, or copy and pas	e nt: ste the text of the Bylaw you wish to amen	d/correct/change here.
If Adopted Will Read	: vill read with your Amendment/Correction/	Change here
Type the bylaw as it w	mirread with your Amendment Corrections	onange nere.
Rationale: Your rationale: how wi 2 nd page as needed.	ill your Amendment/Correction/Change be	enefit our LD – feel free to use a

LD13 Bylaw Amendment Form

Initiator must be an LD13 PC. Please use a separate form/page for each bylaw amendment proposal. Incomplete forms may not be processed. Email your completed form(s) to the following email addresses: stevesilverkeys@protonmail.com, 1787@rocketchics.com, and marshatkin@yahoo.com