



# LD 19 Bylaws Change Submission Form to:

AZLD19Republicans@gmail.com

LD 19 PC's  
name: \_\_\_\_\_ County \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_

Current Bylaws Reference/Article & Letter: \_\_\_\_\_

Proposed Bylaw change or addition: And how it would read if accepted:

Rationale/Reason for proposed change: