

# ORSCNA Regional Motion Form

Motion #:

Date Submitted:

(To be assigned by Secretary)

**Motion:**

\*\* If motion changes policy, please indicate the section(s).

To pay for the outstanding bill from OCNA40 for ASL services from Cleveland hearing and Speech. This is for services render during OCNA40 in 2024. I will give benefit of the doubt that this bill was just overlooked.

Total: \$1,140  
Paid:\$600  
Outstanding:\$540

Motion for the Ohio region to pay half the balance of \$270 and the Buckeye region to pay the other half.

In the event that the Buckeye is not able to pay their half the Ohio Region will pay it in Full amount of \$540

**Intent:**

To honor our 7th tradition of self-support. To protect the fellowship.

Maker:

Seconded By:

**Pro:**

**Con:**

MOTION IS TO BE BROUGHT BACK TO GROUPS TO BE VOTED ON? YES  NO

Vote:  For  Against  Abstain

Disposition of Motion: Carried  Defeated  Tabled

Motion referred to  committee, until

Other rulings: