



Legislative Activity Report Form

Ambassador Name(s): _____

Date of Activity: _____

Legislator's Name: _____

Legislator's District #: _____

Type of contact:

Federal

- US House
- US Senate

State

- CA Assembly
- CA Senate

Other:

: _____

Contact made with whom:

(Check all that apply)

- Legislator
- Staff

Type of contact made:

(Check all that apply)

- Face-to-face; Where:
- Correspondence (e-mail/fax/snail mail)
- Telephone
- Delivery of materials:

Staff member name(s)/Title(s):

Issues Discussed - Agree or Oppose our Issues:

Specific Outcomes of Contact:

Follow- up Actions:

- Send Thank-You Note

Who will do this?