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?