

LEGISLATOR PROFILE WORKSHEET

introduced legislation	Name of Legislator:			
Phone:	Address:			
Name of staff person handling your issues: Staff person handling your issues: Staff person handling your issues: Staff person handling your issues: Staff person handling your issues: Staff person handling your issues: Staff person handling your issues: Staff person handling your issues: Staff person handling your issues: Staff person handling your interests? Staff person handling your interests? Staff person handling your interests? Staff person handling your www.senate.gov for previously introduced legislation as well as www.house.gov or www.senate.gov for individual member webpages. For incumbent State Legislators, check the state legislative websites for previously introduced legislation You might also try a "Google" search at www.google.com 1.	City:	, State:	, Zip:	
Name of staff person handling your issues: Is this a new legislator (i.e., new to this particular office): Yes No If known, what are three of his / her top policy interests? Hint: for incumbent U.S. Congress reps check www.congress.gov for previously introduced legislation as well as www.house.gov or www.senate.gov for individual member webpages. For incumbent State Legislators, check the state legislative websites for previously introduced legislation You might also try a "Google" search at www.google.com 1	Phone:	E-mail: _		
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3				
(Hint: some national associations post "vote ratings". You can also check individual U.S. Congressional votes on www.congress.gov) 1				
2	(Hint: some national associ	ciations post "vote ratings".	**	-
	1			
3	2			
	3			



If known, please make notes ab calls, fundraising, etc.)	oout any previous c	ontact with th	is legislator	(meetings, phone
,				
Did you support this candidate	? Yes No	Did Not Kr	now of Can	didate
If yes, did you actively support setting up a meeting) Yes N	? (i.e., volunteering No	g on his/her ca	mpaign, att	ending a fundraise
Do you know this legislator per	rsonally?: Yes	No Son	newhat	
Please note any personal conne	ections (i.e., "went t	co school toge	ther", "wor	ked together" etc.)
Please make note of any other i	relevant informatio	n about this le	gislator:	
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XV1.1 h2112 44	-4 41-1- 11-1-4 1- 4	1	3 7	NT-
Would you be willing to contact	_			No
Your Name:				
Address:				
City:	, State:		, Zip:	
Phone:	E-m	ail:		