

**UNIT LEGISLATIVE REPORT FORM
2023-2024**

REPORTING DATES: November 1, 2023 April 1, 2024

Unit Name: _____ Unit Number: _____ County: _____

Name of Person Reporting: _____

Daytime Phone: _____ Email Address: _____

_____ **County does not have a Leadership Chairman**

Check the activities/programs that the unit completed. Please describe activities/projects carried out in your unit. Additional paper or the back of this form may be used.

LOCAL ELECTED OFFICIALS:

___ # of phone calls to
___ # of emails & letters sent to
___ # of personal visits to

STATE ELECTED OFFICIALS:

___ # of phone calls to
___ # of emails & letters sent to
___ # of personal visits to

NATIONAL ELECTED OFFICIALS:

___ # of phone calls to
___ # of emails & letters sent to
___ # of personal visits to

POST FAMILY MEMBERS:

___ # of Post Family Functions shared leg. Issues
___ # of Post Events elected officials attended

SUBSCRIPTIONS:

___ # to *The Dispatch*
___ # to Auxiliary Legislative e-newsletter
___ # to American Legion e-newsletter
___ # to www.capwiz.com/legion

EVENTS:

___ Coordinate/Attend "Meet the Candidate"
___ Coordinate/Attend "Town Hall Meeting"

___ Coordinate/Attend a Legislative Reception
___ Attend "Hill Day" in Albany
___ Attend Washington DC Conference

RESPONSE:

Y N Did you receive a response from an official?
If yes, how many? _____ From whom? _____

SUMMARY QUESTIONS:

What is the total number of hours donated by your Unit to the legislative program? _____

What is the total dollar amount expended by your Unit to promote the Legislative program? _____

What are the Legislative issues you have been focusing on? _____

**** No activities, hours, expenses, donations, or dollars spent for this committee are to be included in the Impact Report ****

**PLEASE SEND TO YOUR COUNTY CHAIRPERSON
KEEP A COPY FOR YOUR RECORDS**

