

## 2025-2026 UNIT LEGISLATIVE REPORT FORM

**REPORTING DATES:**  November 1, 2025  March 1, 2026  May 1, 2026

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Unit: \_\_\_\_\_ County: \_\_\_\_\_ District: \_\_\_\_\_

**\_\_\_\_\_ Unit does not have a Legislative 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  
 \_\_\_\_\_ # of emails & letters sent  
 \_\_\_\_\_ # of personal visits

**STATE ELECTED OFFICIALS:**

\_\_\_\_\_ # of phone calls  
 \_\_\_\_\_ # of emails & letters sent  
 \_\_\_\_\_ # of personal visits

**NATIONAL ELECTED OFFICIALS:**

\_\_\_\_\_ # of phone calls  
 \_\_\_\_\_ # of emails & letters sent  
 \_\_\_\_\_ # of personal visits

**POST FAMILY MEMBERS:**

\_\_\_\_\_ # of Post Family Functions shared Legislative 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 Washington DC Conference

**RESPONSE:**

Y N Did you receive a response from an official?  
 If yes, how many? \_\_\_\_\_ From whom? \_\_\_\_\_  
 Value of a volunteer hour is \$34.79

**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? \_\_\_\_\_

**\*\*\* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS\*\*\***

**1. Our ALA Service for Veterans/Active-Duty/Reserve Military**

Impact Report	Service for Veterans/Military	Obtain Total From	Total
Line 1	Total hours members volunteered		
Line 2	Total dollars spent		\$
Line 3	Total number of veterans/military assisted		
Line 4	Total number of "Veterans in Community Schools" presentations facilitated		
Line 5	Value of in-kind donations received*	Unit Records	\$

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

