



AMERICAN LEGION AUXILIARY
Department of North Carolina
Legislative Program Report

Unit Name: _____ Unit Number: _____

Name of Person Reporting: _____

Email Address: _____

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 personal visits to

___ # of emails & letters sent 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 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? _____

Additional paper or the back of this form may be used.