

Legislator/Candidate Contact Form

Your Name

Date

Legislator or Candidate You Contacted: _____

Date of Contact: _____

Type of direct contact (i.e. personal visit, lunch/dinner, campaign assistance, attended/hosted campaign event, etc.): _____

List those present at the meeting: _____

If applicable, briefly describe any issues discussed: _____

If applicable, list any concerns expressed and questions asked by the candidate/legislator: _____

Deadline: July 31, 2014



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