

**COUNTY LEGISLATIVE REPORT FORM
2024-2025**

REPORTING DATES: November 10, 2024 April 10, 2025

County Name: _____ District _____

Name of Person Reporting: _____ Daytime Phone: _____

Address: _____

Email Address: _____

_____ **County 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 to
____ # of emails & letters sent to
____ # of personal visits to

SUBSCRIPTIONS:

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

STATE ELECTED OFFICIALS:

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

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

NATIONAL ELECTED OFFICIALS:

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

RESPONSE:

POST FAMILY MEMBERS:

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

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

SUMMARY QUESTIONS:

1. What is the total number of hours donated by your Unit to the legislative program? _____
2. What is the total dollar amount expended by your Unit to promote the Legislative program? _____
3. What are the Legislative issues your County has been focusing on? _____

What other Legislative issues are veterans in your area concerned with? _____

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

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

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

PLEASE SEND TO DEPARTMENT CHAIRPERSON

KEEP A COPY FOR YOUR RECORDS

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