

UNIT LEGISLATIVE REPORT FORM 2024-2025

REPORTING DATES: November 1, 2024 April 1, 2025

Unit Name: _____ Unit Number: _____ County: _____

Name of Person Reporting: _____

Daytime Phone: _____ 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

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? _____

***** 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

