

## 4-H Capital Days

## **KNOW YOUR ELECTED OFFICIALS**

	•	Member of NYS Assembly	
		Pichiber of NTS Assembly	
Term in office (years	s) Political Party	Is the Party Majority?: Yes	s No
District Office Addres	ss		
District Secretary/As			
Albany Office Addres	SS		
Albany Phone	Fax	E-mail	
Albany Secretary/Ass	sistant/Senior Staff		
Leadership Positions			
Prior Political Involve	ement		
Educational Backgro	und		
Occupational Backgr	ound		
Family Members			
	mportant issues to your Legis	lator?	
Special Interests			
Previous and/or curr	rent 4-H involvement		



## 4-H Capital Days

	Member	of NYS Senate	Member of NYS Assembly		
Name				<del> </del>	
Term in office (y	/ears)	Political Party_	Is the Party Majority?:	Yes	No
District Office Ac	ddress				
Phone			Fax		
District Secretary	y/Assistant/S	Senior Staff			
Albany Office Ad	ldress				
Albany Phone		Fax	E-mail		
Albany Secretary	y/Assistant/S	enior Staff			
Prior Political Inv	volvement				
Educational Back	kground				
Occupational Ba	ckground				
Family Members	3				
What are the mo	ost important	issues to your	Legislator?		
Special Interests	S				
Previous and/or	current 4-H	involvement			