



4-H Capital Days

KNOW YOUR ELECTED OFFICIALS

Fill in all necessary information about your *New York State Legislator*.

___Member of NYS Senate ___Member of NYS Assembly

Name_____

District # _____ Counties Represented_____

Term in office (years)_____ Political Party_____ Is the Party Majority?: Yes No

District Office Address_____

Phone_____ Fax_____

District Secretary/Assistant/Senior Staff _____

Albany Office Address_____

Albany Phone_____ Fax_____ E-mail_____

Albany Secretary/Assistant/Senior Staff_____

Committee Assignments_____

Leadership Positions_____

Prior Political Involvement_____

Educational Background_____

Occupational Background_____

Family Members_____

What are the most important issues to your Legislator? _____

Special Interests_____

Previous and/or current 4-H involvement_____



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