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__________________________________________
4-H Capital Days

Building Strong and Vibrant New York Communities

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