

NARFE-PAC CHAPTER Checklist

Date Checklist Completed _____

CHAPTER _____ LEGISLATIVE Officer _____
CONGRESSIONAL DISTRICTS / REPRESENTATIVES in our LSAs:

(1st) REPRESENTATIVE: _____ Contact Person: _____
Local Address: _____
_____ Phone Number _____

Sponsorships: HR-_____, HR- _____ Other _____
Last Visit to Rep. date: _____ by: _____
Other Contacts with Rep.: date: _____ by: _____
Positions taken by the Rep. _____
Does the Rep support us? _____ What evidence of this: _____

If asked, should we support the Rep? _____ Why? _____
OTHER COMMENTS: _____

(2nd) REPRESENTATIVE: _____ Contact Person: _____
Local Address: _____
_____ Phone Number _____

Sponsorships: HR-_____, HR- _____ Other _____
Last Visit to Rep. date: _____ by: _____
Other Contacts with Rep.: date: _____ by: _____
Positions taken by the Rep. _____
Does the Rep support us? _____ What evidence of this: _____

If asked, should we support the Rep? _____ Why? _____
OTHER COMMENTS: _____

(3rd) REPRESENTATIVE: _____ Contact Person: _____
Local Address: _____
_____ Phone Number _____

Sponsorships: HR-_____, HR- _____ Other _____
Last Visit to Rep. date: _____ by: _____
Other Contacts with Rep.: date: _____ by: _____
Positions taken by the Rep. _____
Does the Rep support us? _____ What evidence of this: _____

If asked, should we support the Rep? _____ Why? _____
OTHER COMMENTS: _____