

# 2008 CONGRESSIONAL CONTACT REPORT

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Please have the individual who made the Congressional contact complete this form with check marks where appropriate. One form should be completed for every Congressional contact. Use reverse side for additional comments. Thank you!

**Name of person contacted:**

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\_\_\_\_ Senator  
\_\_\_\_ Representative  
\_\_\_\_ Aide to: -----

**Party :**

\_\_\_\_ Republican  
\_\_\_\_ Democrat  
\_\_\_\_ Independent

**Committee affiliations:**

\_\_\_\_ Budget Committee  
\_\_\_\_ Appropriations Committee  
\_\_\_\_ Appropriations Subcommittee  
\_\_\_\_ Other (identify)

**Method of contact:**

\_\_\_\_ Hill visit  
\_\_\_\_ Local visit  
\_\_\_\_ Letter  
\_\_\_\_ Phone

**Issues discussed:**

\_\_\_\_ Council program  
\_\_\_\_ Appropriations  
\_\_\_\_ Other (please  
specify) -----

**Response:**

\_\_\_\_ Supportive  
\_\_\_\_ Unsupportive  
\_\_\_\_ Noncommittal  
Specific issues of concern:  
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**Will this member support the proposed increase?**      Yes      No      Undecided

**Is a follow-up contact planned?** Yes (when) \_\_\_\_\_ No

**Comments:**

**Your name:** -----

**State:** -----  
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**Your relationship to the council:**

\_\_\_\_ Chair                      \_\_\_\_ Council staff  
\_\_\_\_ Board member          \_\_\_\_ Project director  
\_\_\_\_ Director                  \_\_\_\_ Other (specify)  
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