

SEBAC

State Employees Bargaining Agent Coalition

Legislator Lobby Report-Back

Date: _____ Your Name: _____ Worksite: _____

Union: _____ Local/Chapter: _____

Issue(s): _____

1.) State **SENATOR** where I **WORK** = _____ Room # _____

* Spoke with Senator: Yes ___ No ___

Senator said: _____

OR Spoke with Legislative Aide: Yes ___ No ___

Legislative Aide said: _____

2.) State **REPRESENTATIVE** where I **WORK** = _____ Room # _____

* Spoke with Representative: Yes ___ No ___

Senator said: _____

OR Spoke with Legislative Aide: Yes ___ No ___

Legislative Aide said: _____

3.) State **SENATOR** where I **LIVE** = _____ Room # _____

* Spoke with Senator: Yes ___ No ___

Senator said: _____

OR Spoke with Legislative Aide: Yes ___ No ___

Legislative Aide said: _____

4.) State **REPRESENTATIVE** where I **LIVE** = _____ Room # _____

* Spoke with Representative: Yes ___ No ___

Senator said: _____

OR Spoke with Legislative Aide: Yes ___ No ___

Legislative Aide said: _____

Be Sure to Return Report to Your Union's Organizer