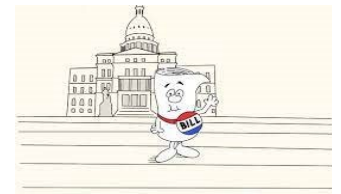




# Legislative Reporting Form

Year: 2023 – 2024



*Without Legislation, our Veterans won't get the help they need!*

- Did your Auxiliary use Legislative materials and resources in Malta under Member Resources: Yes \_\_\_\_\_ or No \_\_\_\_\_ # of Members who worked with the resources \_\_\_\_\_  
Which Material Resources did you utilize - explain: \_\_\_\_\_
- Did Anyone Signed Up for **Action Corp Weekly E-Newsletters**:
  - Number of Auxiliary Members signed up: \_\_\_\_\_
  - How many Auxiliary Members answered the **“Act NOW”** Legislative Notice: \_\_\_\_\_
  - Number of Members emailing your Legislative Representative’s: \_\_\_\_\_
- Did any of the Auxiliary members Promote, participated and/or host activities regarding the **VFW Priority Goals for veterans**. Yes \_\_\_\_\_ No \_\_\_\_\_  
**IF Yes**, please check which goal you participated or promoted (check the activity below):
  - Participated and/or rendered aid for Veteran Homelessness & Suicide: \_\_\_\_\_
  - Send monies to Veteran organization(s) that helps and assist Veterans: \_\_\_\_\_
  - Visit & spend time with Veterans, be their shoulder to lean on or their voice: \_\_\_\_\_
- Did your **Legislative Chairperson** present items at the Auxiliary Monthly Meeting about **Current and Priority Legislation**: Yes \_\_\_\_\_ or No \_\_\_\_\_  
**IF YES**, What did they present and state some of the key points: \_\_\_\_\_
- Did any Auxiliary members contact Congressional Representative: Yes \_\_\_\_\_ or No \_\_\_\_\_  
**IF YES**, how: \_\_\_\_\_ Email \_\_\_\_\_ Letters \_\_\_\_\_ Postcards \_\_\_\_\_ Phone Calls \_\_\_\_\_
- Did any Auxiliary member(s) **attend and interact with legislators**: Yes \_\_\_\_\_ or No \_\_\_\_\_  
**IF YES**, what event: \_\_\_\_\_ Legislative Conference \_\_\_\_\_ Town Hall \_\_\_\_\_ Meet & Greets \_\_\_\_\_ Other \_\_\_\_\_
- Did your Chairperson Discuss **“The Step-by-Step Process” of a Bill**: Yes \_\_\_\_\_ or No \_\_\_\_\_

**\* Please write on back if necessary \***

\*Committee Member Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*President: \_\_\_\_\_ \*District #: \_\_\_\_\_ \*Auxiliary #: \_\_\_\_\_

\*Number of Auxiliary Member Participated: # \_\_\_\_\_ \*Group: # \_\_\_\_\_

\*Total Number of Miles: # \_\_\_\_\_ \*Total Dollars: \$ \_\_\_\_\_ \*Total Number of Hours: \_\_\_\_\_

Mail to: Sharen Peterson  
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**PLEASE COMPLETE ALL REQUIRED INFORMATION IN BOTTOM SECTION. \***