

## New York Congressional District XX

Representative	Name:							
Political party:								
Length of time i	Length of time in office:							
What issues doe	es the lawmaker care about?							
What committe	es does the lawmaker sit on?	•						
Notes:								
Legislative Distr	ict Office Information							
Staff contact na	me:							
Phone number:								
Email:								
Office	DC							
addresses:								
District Data								
Population:								
Size of District (Mileage):								
Major Cities in District:								
Towns in Distric	t:							

District Ambassador Roster (Current)							
Name Email Address Phone Number Comments: Trained? Active?							

District Ambassador Roster (Prospects)						
Name	Email Address	Phone Number	Comments			

District RFL Event Name	Advocacy Chair	<b>Event Date</b>	Comments: (Kick-off date, Team Captains Meetings, etc.)

District Health Systems & Cancer Centers							
Health System or Cancer Center	Website	Phone Number	Comments: (RFL/MSABC Sponsor, physician lives in the community, upcoming community events)				

District Businesses			
Company Name	Website	Phone Number	Comments: (potential connection to advocacy)

District Civic Organizations							
Organization Name	Primary Contact	Phone Number	Comments				

In my district.	people can	be found at th	e following major a	annual events: (look a	at community calendar	s, department of	of recreation, etc.)
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In my district, if I wanted to find local volunteer opportunities, I would look in the following places:

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Now that I have completed this assessment, I believe my next steps should be:

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