| Meeting date:  |                   |                           |
|--|-------------------|---------------------------|
| Senator / Representative:<br>(circle one)                              |                   |                           |
| Meeting with (include their title):<br>email address:                  |                   |                           |
| Where are you meeting (DC, district office, local evo                  | ent, etc.)        |                           |
| Are you attending the meeting with a coalition? Members of your group: | Yes / No          | If yes, which coalition?  |
|  |                   |                           |
| What materials or resources did you provide or leav                    | ve behind?        |                           |
| What follow up materials are needed to send or qu                      | estions to be ans | wered? By what date?      |
| Meeting notes:   |                   |                           |
|  |                   |                           |
|  |                   |                           |
| If possible, please take a picture of your group with                  | the person you a  | are meeting with and send |

that with this completed note sheet to <a href="mailto:acube@usccb.org">acube@usccb.org</a>