

## Elected Official Information Form

Name	
Elected Position	
Email	
Phone	
Office Contact Information	
Political Party Affiliation (if can be inferred)	

**Stated position on:**

Reproductive health and health care generally:	
Abortion:	
Birth Control, including emergency contraceptive:	
LGTBQ Rights:	

**Other information:**

What are their stated priorities?	
Who is their primary constituency?	
Would they support or opposition an abortion ban?	
Reaction to the ask in the office visit:	
Other office visit notes and feedback:	