

Elected Official Information Form

General info:

Name	
Elected position	
Email	
Phone	
Office contact information	
Political party affiliation (it can be inferred)	

Stated position on:

Reproductive health and health care generally	
Abortion	
Birth control, including emergency contraceptive	
LGTBQ rights	

Other information:

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