

UNORGANIZED STATE REPRESENTATIVE QUARTERLY REPORT FORM

NAME: _____ DATE SUBMITTED: _____

STATE REPRESENTING: _____ TELEPHONE (Home): _____

ADDRESS (Home): _____

REPORTING PERIOD (Circle one): 1st 2nd 3rd 4th Quarter

STATE LEGISLATIVE ACTIVITY: _____

FEDERAL LEGISLATIVE ACTIVITY: _____

CONTACT WITH: AMT Office: _____

Executive Councillor: _____

District Councillor: _____

Student Councillor: _____

AMT STATE MEMBER CONTACT: Personal: _____

Letters: _____

Phone Calls: _____

OTHER ACTIVITIES: _____

EXPENSES: Postage: _____

Telephone: _____

Office Supplies: _____

Other: _____

SIGNATURE: _____