



Coalition for the Missouri Housing Trust Fund

*Ensuring Access to Affordable Housing
for Missourians*

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LEGISLATOR MEETING FOLLOW-UP REPORT

Your Name: _____

Date of meeting/conversation: _____

Did you speak to a Legislator or their staff member: _____

Name of person(s) spoke with (Legislator or Staff): _____

What did you feel was the legislator's position on the issue?

_____ *Supportive of the Bill(s) introduced*

_____ *Willing to Sponsor a new Bill*

_____ *Against the current Bill*

_____ *Would consider Co-Sponsorship of current Bill*

_____ *Would consider Co-Sponsorship of a new Bill*

_____ *Against **any** Bill*

What are your legislator's main thoughts on this issue?

What does your legislator hear from constituents on this issue?

7. Follow-up needed from Coalition Legislative Liaisons:

_____ *Call*

_____ *Additional Materials*

_____ *Personal Visit*

Other

Please return via fax at 1-573-635-1648
Attn: Sandy Wilson