

AMSN 2024
Unit 8: Z- Chap. 17 (1H total)
Online Assignment: LEGISLATOR WORKSHEET

Instructions:

- Complete this form using Ohio and U.S. Links Provided
 - o You are to look up information based on your zip code (zip code must include all 9 numbers – including the +4 number)
- Complete the assignment at the end of the document

Your name:

Your complete address:

<https://www.legislature.ohio.gov/>

Ohio House of Representatives

Name of your Ohio Representative:

Party affiliation:

District number:

Hometown:

Expiration date of current term:

Eligible for another term?

Committee assignments (List all – committee names should be *complete* and *accurate*):

Ohio Senate

Name of your Ohio State Senator:

Party affiliation:

District number:

Hometown:

Expiration date of current term:

Eligible for another term?

Committee assignments (List all – committee names should be complete and accurate):

U.S. Senate

http://www.senate.gov/general/contact_information/senators_cfm.cfm

United States Senators representing Ohio:

A. Name of Senator(s), including *Party, years of service, and year of term end*
(Click on *Biographical Directory Listing*)

- 1.
- 2.

U.S. House of Representatives

<http://www.house.gov/representatives/find/>

Name of Congressional representative:

Party affiliation:

District number:

Assignment:

- You are to write a letter to one of the legislators above regarding a current healthcare issue or bill.
- Complete this worksheet and letter, and place both in the Z-Chapter 17 dropbox by 4/5/2024 at 0800.
- **You are expected to mail a copy of your letter to the legislator.**