

Council # \_\_\_\_\_ Council Name \_\_\_\_\_ City \_\_\_\_\_

**I. STANDARD COUNCIL ACTIVITIES.**

A. Council Meetings. If you hold more than one meeting a month, put both numbers in the same blank and circle the second one.

NUMBER PRESENT	BRIEFLY DESCRIBE ANY SPECIAL PROGRAM OR ACTIVITY AT THE MEETING.
MAR _____	_____
APR _____	_____
MAY _____	_____

	B. HELD MONTHLY OFFICERS MEETINGS	C. COUNCIL BULLETINS NUMBER SENT	D COUNCIL HOME ASS'N MEETINGS HELD
MAR	YES___NO___	_____	YES___NO___
APR	YES___NO___	_____	YES___NO___
MAY	YES___NO___	_____	YES___NO___

COMMENTS: Use extra paper if necessary.

**II. SUPREME COUNCIL REQUIREMENTS**

A. OUR COUNCIL HAS COMPLETED AND RETURNED TO THE SUPREME COUNCIL A LIST OF OFFICERS ON FORM #185 DUE AFTER THE COUNCIL ELECTIONS.

YES \_\_\_ NO \_\_\_

**III. STATE COUNCIL PROGRAMS**

A. OUR COUNCIL SENT \_\_\_ DELEGATES TO THE STATE CONVENTION.

B. OUR MARCH FAMILY OF THE MONTH IS: \_\_\_\_\_

OUR MARCH KNIGHT OF THE MONTH IS: \_\_\_\_\_

OUR APRIL FAMILY OF THE MONTH IS: \_\_\_\_\_

OUR APRIL KNIGHT OF THE MONTH IS: \_\_\_\_\_

OUR MAY FAMILY OF THE MONTH IS: \_\_\_\_\_

OUR MAY KNIGHT OF THE MONTH IS: \_\_\_\_\_

IF YOU CHOOSE ONLY A FAMILY OR KNIGHT OF THE QUARTER, ENTER THE NAME IN THE LAST BLANK FOR THE QUARTER.

This report is due July 15<sup>th</sup> to the State Program Director: John Limoges, 29521 463rd Ave, Centerville, SD 57014. Also send a copy to your District Deputy and save a copy for your files.

Date: \_\_\_\_\_ Council Number \_\_\_\_\_ Council Name \_\_\_\_\_

FIRST QUARTER REPORT (continued)

**IV. EVENTS HAPPENING ON A CONTINUING BASIS OR DONATIONS.**

- A. Number of visits to: sick/disabled \_\_\_\_\_ Bereaved \_\_\_\_\_
- B. Hours of fraternal service for sick/disabled members and their families \_\_\_\_\_
- C. \_\_\_\_\_ members assisted our Squires Circle with \_\_\_\_\_ man-hours.
- D. Our council held a first degree for \_\_\_\_\_ new members on \_\_\_\_\_ (Date).
- E. \_\_\_\_\_ members of our council that attended/participated in a 1st, 2nd, 3rd degree initiation. Give date(s) and location(s) \_\_\_\_\_
- F. Our Council says at least one decade of the rosary during our meeting as requested by state resolution. YES \_\_\_\_\_ NO \_\_\_\_\_
- G. Our Council has adopted a seminarian and has supported either financially, spiritually, or with prayers. Examples of support may be monetary, letters, gifts for Christmas or other special occasions, prayers, etc.  
Seminarian's name \_\_\_\_\_

H. Number of blood donors: \_\_\_\_\_

I. Donations made this Quarter: Circle only one activity area

- Amount \_\_\_\_\_ To \_\_\_\_\_ for Church, Community, Council, Youth, or Family
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