



District Deputy Midyear Training Meeting 2024-2025



Required Forms & Reports

*I Will Show My Faith Through My Works!
Mother Mary Pray For Us*

Access to Forms



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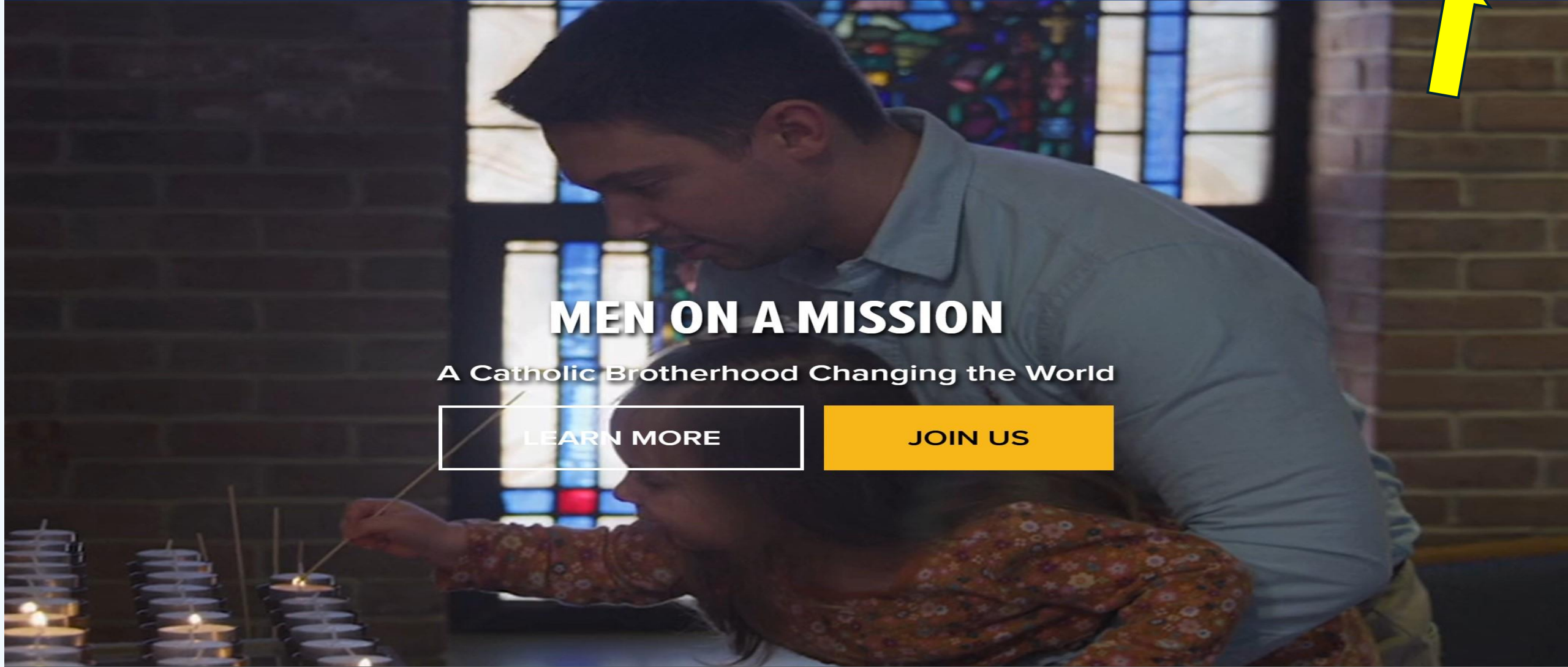
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You must be a registered user⁰ to access this portal.

Please enter your username and password in order to sign in.

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Remember Me

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Note: This is only for members, fraternal leaders, and agents of the Knights of Columbus.

Please enter the required fields and an email will be sent to you with information to assist with signing into your account.

*Required Field


Last Name*

Date of Birth*

Month ▾	Day ▾	Year ▾
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Email*

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MEMBER RESOURCES

[FORMS](#)[SUPPLIES/MERCHANDISE](#)[FRATERNAL OPERATIONS](#)[TRAINING & WEBINARS](#)[PROGRAMS](#)



COUNCIL FORMS

Please submit online form whenever available. This is the preferred method of submitting forms. When an online form is not available, print out a copy of the form before submission and keep it for your records. Remember that some of the forms go to different departments within the Supreme Council. Once the form is completed, please verify the email address on the form before sending.

Form Number	Council Form Name	PDF	Online (Preferred Method)	Due Date
#11621	International/State Awards Submission Process Guide	PDF	N/A	As Needed
#FTR	Fraternal Training Request Form	N/A	Online (Preferred Method)	As Needed
#365 	Service Program Personnel Report	PDF	Online (Preferred Method)	6/30
#EFF-C	Council EFF Director Submission Form	N/A	Online (Preferred Method)	6/30
#1295 	Semiannual Council Audit	PDF	N/A	2/15
#1295 	Semiannual Council Audit	PDF	N/A	8/15
#1728 	Annual Survey of Fraternal Activity	PDF	Online (Preferred Method)	1/31
#SBMMA	State Blessed Michael McGivney Award	PDF	N/A	3/31
		PDF	Online (Preferred Method)	6/30

FORMS

COUNCIL FORMS

COUNCIL DEVELOPMENT FORMS

DISTRICT FORMS

STATE FORMS

ASSEMBLY FORMS

FAITH IN ACTION PROGRAM FORMS

Council Administration - Council Officers - Current



Council



SAINT LUKES

Council 10512

Council Location: EL CAJON

Jurisdiction: CA

District: 165

Date of Institution: 11-20-1990

Current Council Year 2024-2025

Change a Current Officer

Council Members

Members from Other Councils

Choose a Role:

Grand Knight

Search by Last Name:

Search

Enter Start Date:



Search Tips

Choose Member:

UNASSIGNED

MM-DD-YYYY

Default is today's date

Assign

185 info

Current Officers

Officer Positions	Name	Members	Start Date
Grand Knight	Pere [redacted]	528	07-01-2024
Financial Secretary	Broad Edwin E	401	06-20-2023
Deputy Grand Knight	Sten [redacted] rald M	325	07-01-2024
Chancellor	Gam [redacted] an C	313	09-11-2024
Recorder	Con [redacted] M	401	07-01-2024
Treasurer	Reyn [redacted] eve	294	07-01-2024
Advocate	Clark [redacted] n C	148	07-01-2024
Warden	Ward [redacted] T	534	07-01-2024
Inside Guard	Ullric [redacted] el S	534	07-01-2024
Outside Guard	Ullric [redacted] m A	284	07-01-2024
One Year Trustee	Kelly [redacted]	367	07-01-2024
Two Year Trustee	Mold [redacted] el P	414	07-01-2024
Three Year Trustee	Merc [redacted] nald L	364	07-01-2024
Appointed Officers	Name	Members	Start Date
Chaplain	UNAS [redacted]		
Lecturer	Was [redacted] hael J	294	07-01-2024



Officers -- 2024 - 2025

Officer Positions	Name	Address	Telephone #'s	Email	
Grand Knight	Pa [redacted]	11894 El Cajon	760-481-2966 (C)	PPB [redacted]@GMAIL.COM	
Financial Secretary	Ed [redacted] urst	10817 [redacted] Spring	978-1940	ed [redacted]@ok.com	
Deputy Grand Knight	Ge [redacted] vec	1658 M [redacted] e Circle El Cajon	619- 619- 562-	gms [redacted]@il.com	
Chancellor	Br [redacted] ne	519 Du [redacted] El Cajon	1020	(619 [redacted]) 619- [redacted]	bglt [redacted]@.com
Recorder	Da [redacted]	1312 C [redacted] El Cajon	3108	619- [redacted] (619 [redacted])	dco [redacted]@com
Treasurer	St [redacted]	1917 J [redacted] El Cajon	3836	619- [redacted] 619- [redacted]	rbfs [redacted]@oo.com
Advocate	Jo [redacted]	2126 M [redacted] El Cajon	4117	(619 [redacted]) 619- [redacted]	9jcl [redacted]@com
Warden	Br [redacted]	1085 E [redacted] El Cajon	1232	619- [redacted]	BKV [redacted]@MAIL.COM
Inside Guard	Mi [redacted]	1125 V [redacted] El Cajon	3559	949- [redacted]	MIC [redacted]@CH@GMAIL.COM
Outside Guard	W [redacted]	2070 D [redacted] El Cajon	4219	619- [redacted] 619- [redacted]	che [redacted]@x.net
One Year Trustee	To [redacted]	3043 J [redacted] Dr El Cajon	5137	619- [redacted]	tnak [redacted]
Two Year Trustee	Da [redacted]	11950 [redacted] El Cajon	8336	619- [redacted]	dpr [redacted]@.com
Three Year Trustee	Do [redacted] nio	2010 D [redacted] El Cajon	4217	(619 [redacted]) 619- [redacted]	koc [redacted]@mail.com



Council Location: EL CAJON

Jurisdiction: CA

District: 165

Date of Institution: 11-20-1990



Service Program Personnel -- 2024 - 2025

Current Council Year 2024-2025

Change Current Service Program Personnel

Supreme Defined Positions **Council Defined Positions**

Choose a Role:

Search by Last Name: Search

Enter Start Date:

Search Tips: Choose Member: UNASSIGNED

MM-DD-YYYY Default is today's date

365 info

Current Service Program Personnel

Program Positions	Name	Member#	Start Date
Program Director	IGNED		
Faith Director	Daniel P		07-01-2024
Vocations Chairman	IGNED		
Community Director	o, Donald L		07-01-2024
Life Director	David M		07-01-2024
Health Service	IGNED		
Public Relations	IGNED		
Family Director	Ben		07-01-2024
Membership Director	IGNED		
Recruitment Committee 1	IGNED		
Recruitment Committee 2	IGNED		
Recruitment Committee 3	IGNED		
Retention Chairman	IGNED		
Insurance Promotion	urst, Edwin E		07-01-2024
Additional Appointments		r#	Start Date
Bulletin Chairman	y, Michael J		07-01-2024
Ceremonials Chairman	s, Steve		07-01-2024
Degree team 1	urst, Edwin E		07-01-2024
Degree team 2	om J		07-01-2024
Degree Team 3	y, Edward F		07-01-2024
Degree Team 4	Schuyler V		07-01-2024
Degree Team 5	IGNED		
EFF Director	Daniel P		10-23-2024
Golf Chairman	urst, Edwin E		07-01-2024
ID Drive Chairman	Daniel P		07-01-2024

Program Positions	Name	Address	Telephone #s	Email
Program Director	UNASS			
Faith Director	Daniel P	11950 El Cajon Rd-8336	619-421-8336	dp@...ail.com
Vocations Chairman	UNASS			
Community Director	Donald	2010 D El Cajon Rd-4217	(619) 421-4217	ko...@gmail.com
Life Director	David M	1312 C El Cajon Rd-3108	619-421-3108	do...il.com
Health Service	UNASS			
Public Relations	UNASS			
Family Director	Ben Na	2003 A El Cajon Rd-3522	619-421-3522	BB...dixieline.com
Membership Director	UNASS			
Recruitment Committee 1	UNASS			
Recruitment Committee 2	UNASS			
Recruitment Committee 3	UNASS			
Retention Chairman	UNASS			

STREET		ADDITIONAL ADDRESS			
CITY		ST/PROV.	ZIP/POSTAL CODE		
GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
<input type="checkbox"/> NEWLY ELECTED	<input type="checkbox"/> RE-ELECTED	TELEPHONE AREA CODE	PHONE NO.	EMAIL	
CHAPLAIN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
CHANCELLOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
RECORDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
TREASURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
LECTURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
ADVOCATE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
WARDEN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
INSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
TRUSTEE FOR TWO YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
TRUSTEE FOR THREE YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL



Continued on next page

July 1, 20 through June 30, 20

Council # _____ Jurisdiction: _____

Due By: July 1

The *Service Program Personnel Report* (#365) must be received by the Supreme Council by **July 1** for the council to be eligible to earn the Star Council Award. Please complete and submit the report with the council's appointed personnel.

- Strongly consider submitting this report through Member Management for expedited processing. This is the preferred method.
- If filling out this report on paper, be sure to include the accurate membership number for each role.
- **Required roles to be appointed have been designated – Program Director, Family Director, Community Director, Membership Director, Retention Chairman.**
- Changes during the fraternal year should be made using Member Management to update the roles accordingly. If your council uses the paper form, only complete and submit that information which has changed.

PROGRAM DIRECTOR REQUIRED	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAITH DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAMILY DIRECTOR REQUIRED	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COMMUNITY DIRECTOR REQUIRED	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
LIFE DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
MEMBERSHIP DIRECTOR REQUIRED	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RETENTION CHAIRMAN REQUIRED	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
INSURANCE PROMOTION	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
VOCATIONS CHAIRMAN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
HEALTH SERVICES	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
PUBLIC RELATIONS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		

DISTRICT FORMS

Please submit online form whenever available. This is the preferred method of submitting forms. When an online form is not available, print out a copy of the form before submission and keep it for your records. Remember that some of the forms go to different departments within the Supreme Council. Once the form is completed, please verify the email address on the form before sending.

Form Number	District Form Name	PDF	Online (Preferred Method)	Due Date
#FTR	Fraternal Training Request Form	N/A	Online (Preferred Method)	As Needed
#944 District	District Deputy Annual Report	N/A	Online (Preferred Method)	9/15

Form Number	Expense Form Name	PDF	Online (Preferred Method)	Due Date
#267DD	District Deputy Expense Form	PDF	N/A	Quarterly
#267DD (Canada)	District Deputy Expense Form (Canada)	PDF	N/A	Quarterly

FORMS

COUNCIL FORMS

COUNCIL
DEVELOPMENT FORMS

← DISTRICT FORMS

STATE FORMS

ASSEMBLY FORMS

FAITH IN ACTION
PROGRAM FORMS

*Provide answers for the 2024-2025 fraternal year

District Deputy Name *
Ed Broadhurst

District Number *
1
Characters used: 1 out of 5

District Deputy Email *
edb@1979@outlook.com

Council Number *
123
Character used: 3 maximum: 10
Characters used: 3 out of 5

State/Jurisdiction *
California

Is this council meeting regularly and conducting activities? *
 YES NO

COUNCIL DEMOGRAPHICS

Please select council type: *
Regular

Does this council have a majority of members who are [Hispanic/Latino](#) or [Spanish-Speaking](#)? *
 YES
 NO

Please select the [cultural background](#) of these members: *

- Mexican
- Puerto Rican
- Cuban
- Dominican Republic
- Other
- Unknown

Form 944

EVANGELIZATION AND FAITH FORMATION

How many parishes does this council serve? *
-- Please Select --

Did this council hold [Coq](#) at least once last fraternal year? *
 YES
 NO

Will this council implement or continue [Coq](#) this fraternal year? *
 YES
 NO

ADMINISTRATION

Does this council have a Grand Knight? *
 YES NO

Does this council use [Member Management](#)? *
 YES NO

Does this council use [Member Billing](#)? *
 YES NO

Does this council have an [annual budget](#)? *
 YES NO

MEETINGS

Will this council hold monthly [Officer Planning Meetings](#) this fraternal year? *
 YES NO

Will this council provide a [social or fraternal element](#) at meetings this fraternal year? *
 YES NO

Was this council represented at your District Organizational Meeting? *
 YES NO

Do you expect this council to be represented at your District Mid-Year Meeting this fraternal year? *
 YES NO

FRATERNAL TRAINING

Do you expect leaders from this council to attend our monthly Fraternal Operations webinars? *
 YES NO

Do you expect leaders from this council to read the bi-monthly Fraternal Leader Advisory? *
 YES NO

Do you expect leaders from this council to participate in live and on demand training offered by the Supreme Council this fraternal year? *
 YES NO

MEMBERSHIP

How many Membership Drives will this council conduct this fraternal year? *
 NONE ONE TWO OR MORE

Will this council be conducting live Exemplifications of Charity, Unity, and Fraternity this fraternal year? *
 YES NO

Do you expect the Grand Knight to communicate regularly with the Pastor on programs and parish support this fraternal year? *
 YES NO

Does this council have a calendar of events planned at least 6 month in advance? *
 YES NO

Will this council participate in any of the following programs this fraternal year? Please check all that apply. *

- ASAP (Aid and Support after Pregnancy)
- Coats for Kids
- Food for Families
- RSVP
- Ultrasound
- Special Olympics
- Global Wheelchair Mission
- Habitat for Humanity
- None of the above

INSURANCE

Will the council invite the field agent to participate in council meetings and other activities this fraternal year?

Meetings: -- Please Select --
Other Activities: -- Please Select --

How often will the field agent attend council meetings and other activities this fraternal year?

Meetings: -- Please Select --
Other Activities: -- Please Select --

How many [Fraternal Benefit Events](#) will the council host/attend this fraternal year? *

- NONE
- ONE
- TWO OR MORE

COUNCIL OUTLOOK

This council is: *

- Healthy and Sustainable
- Operating but Needs Help

Do you expect this council to earn the Star Council Award this fraternal year? *
 YES NO

What will prevent this council from earning the Star Council Award this fraternal year? Check all that apply. *

- Fr. McGivney Award (Membership)
- Columbian Award (Programs)
- Founders' Award (Fraternal Benefits)
- Form #365 Submission
- Form #1728 Submission
- Safe Environment Program Compliance
- Payment of Supreme Council Assessments

(Optional) DD Comments and Recommendations:

0%

Form 944

District Deputy Name *

Ed Broadhurst

District Number *

1

Characters used: 1 out of 5.

District Deputy Email *

edb91978@outlook.com

Council Number *

123

Characters used: 3 (minimum 1).
Characters used: 3 out of 5.

State/Jurisdiction *

California



Is this council meeting regularly and conducting activities? *

YES NO

COUNCIL DEMOGRAPHICS

Please select council type: *

Regular



Does this council have a majority of members who are [Hispanic, Latino, or Spanish-origin?](#) *

YES

NO

Please select the [cultural background](#) of these members: *

Mexican

Puerto Rican

Cuban

Dominican Republic

Other

Unknown

Form 944

EVANGELIZATION AND FAITH FORMATION

How many parishes does this council serve? *

-- Please Select -- ▾

Did this council hold [Cor](#) at least once last fraternal year? *

YES

NO

Will this council implement or continue [Cor](#) this fraternal year? *

YES

NO

ADMINISTRATION

Does this council have a Grand Knight? *

YES NO

Does this council use [Member Management](#)? *

YES NO

Does this council use [Member Billing](#)? *

YES NO

Does this council have an [annual budget](#)? *

YES NO

Form 944

MEETINGS

Will this council hold monthly [Officer Planning Meetings](#) this fraternal year? *

YES NO

Will this council provide a [social or fraternal element](#) at meetings this fraternal year? *

YES NO

Was this council represented at your District Organizational Meeting? *

YES NO

Do you expect this council to be represented at your District Mid-Year Meeting this fraternal year? *

YES NO

FRATERNAL TRAINING

Do you expect leaders from this council to attend our monthly Fraternal Operations webinar? *

YES NO

Do you expect leaders from this council to read the bi-monthly Fraternal Leader Advisory? *

YES NO

Do you expect leaders from this council to participate in live and on demand training offered by the District? *

YES NO

Form 944

MEMBERSHIP

How many Membership Drives will this council conduct this fraternal year? *

NONE ONE TWO OR MORE

Will this council be conducting live Exemplifications of Charity, Unity, and Fraternity this fraternal year? *

YES NO

PROGRAMS

Do you expect the Grand Knight to communicate regularly with the Pastor on programs and parish support this fraternal year?

YES NO

Does this council have a calendar of events planned at least 6 month in advance? *

YES NO


Will this council participate in any of the following programs this fraternal year? Please check all that apply. *

ASAP (Aid and Support after Pregnancy) Coats for Kids Food for Families RSVP UI


INSURANCE

Will the council invite the field agent to participate in council meetings and other activities this fraternal year?

Meetings 

Other Activities 

How often will the field agent attend council meetings and other activities this fraternal year?

Meetings 

Other Activities 

How many [Fraternal Benefit Events](#) will the council host/attend this fraternal year? *

NONE
 ONE
 TWO OR MORE

Form 944

COUNCIL OUTLOOK

This council is: *

- Healthy and Sustainable Operating but Needs Help

Do you expect this council to earn the Star Council Award this fraternal year? *

- YES NO

What will prevent this council from earning the Star Council Award this fraternal year? Check all that apply. *

- Fr. McGivney Award (Membership)
 Columbian Award (Programs)
 Founders' Award (Fraternal Benefits)
 Form #365 Submission
 Form #1728 Submission
 Safe Environment Program Compliance
 Payment of Supreme Council Assessments

(Optional) DD Comments and Recommendations:



Semiannual Council Audit Report

For Period Ended December 31, 20__

DUE BY: FEBRUARY 15

Council No.: _____ City: _____ State: _____

SCHEDULE A – MEMBERSHIP

ADDITIONS	DEDUCTIONS		
	INS.	ASSO.	TOT.
Total members start of period			
Initiations			
Transfers from other councils			
Transfers — assoc. to insurance			
Transfers — ins. to associate			
Re-entries			
Total for period	0	0	0
Minus total deductions	0	0	0
Number members end of period	0	0	0

*Do not include inactive insurance members in this section.***

SCHEDULE A – ALTERNATIVE

Our council uses Member Management/Member Billing. The requirement for completing Schedule A is satisfied.

SCHEDULE B – CASH TRANSACTIONS

FINANCIAL SECRETARY	TREASURER
Cash on hand beginning of period	Cash on hand beginning of period
Cash received — dues, initiations	Received from financial secretary
Cash received from other sources:	Transfers from sav./other accts.
(Explain kind and amount)	Interest earned
\$ _____	Total receipts
\$ _____	Disbursements
\$ _____	Per capita: Supreme Council
Total cash received	State Council
Transferred to treasurer	General council expenses
Cash on hand at end of period	Transfers to sav./other accts.
	Miscellaneous
	Total disbursements
	Net balance on hand

SCHEDULE C – ASSETS AND LIABILITIES

ASSETS	LIABILITIES
Cash:	Due Supreme Council:
Undeposited funds	Per capita
Bank — Checking acct.	Supplies
— Savings acct.	Catholic advertising
— Money market accts.	Other
Due from _____ members	Due State Council
Number	Advance payments by _____ members
Total current assets	Misc. liabilities
Less: current liabilities	
Net current assets	
Other Assets:	
Short term CD	
Money Market Mutual Funds	
Misc. assets	
Total other assets	Total current liabilities
Total assets	

Please complete all items. Insert "None" where no figures are to be shown.

SEND ONE COPY TO: Council Accounts

Email: council.accounts@kofc.org

Fax: 855-228-1396

Mail: 1 Columbus Plaza, New Haven, CT 06510

COPIES TO: State Deputy, District Deputy, Council File

For more details, see Knights of Columbus Leadership Resources (#5093) booklet.

*All U.S. Councils must file form 990 with IRS annually. For info, email tax.ein@kofc.org or refer to Officer's Desk Reference.

1295 1/23

1. **Video to demonstrate the responsibilities and performance of council semi-annual audits**

2. [https://site-842560.bcvp0rtal.com/detail/videos/forms /video/6265462887001/semiannual-council-audit-1295-training-video?autoStart=true](https://site-842560.bcvp0rtal.com/detail/videos/forms/video/6265462887001/semiannual-council-audit-1295-training-video?autoStart=true)

Annual Survey of Fraternal Activity

January 1, 20__ through December 31, 20__

Council Number _____ Jurisdiction _____

Section I. Fraternal Program Activities

Faith Activities (where applicable)

- Refund Support Vocations Program
- Church Facilities
- Catholic Schools/Seminaries
- Religious/Vocations Education
- Prayer & Study Programs
- Sacramental Gifts
- Miscellaneous Faith Activities

	Charitable Disbursements	Hours of Service
TOTAL FAITH CONTRIBUTIONS	0	0

Family Activities (where applicable)

- Food for Families
- Family Formation Programs
- Keep Christ in Christmas
- Family Week
- Family Prayer Night
- Miscellaneous Family Programs

TOTAL FAMILY CONTRIBUTIONS	0	0

Community Activities (where applicable)

- Coats For Kids
- Global Wheelchair Mission
- Habitat for Humanity
- Disaster Preparedness/Relief
- Physically Disabled/Intellectual Disabilities
- Elderly/Widow(er) Care
- Hospitals/Health Organizations
- Columbian Squires
- Scouting/Youth Groups
- Athletics
- Youth Welfare/Service
- Scholarships/Education
- Veteran Military/VAVS
- Miscellaneous Community/Youth Activities

TOTAL COMMUNITY CONTRIBUTIONS	0	0

Life Activities (where applicable)

- Special Olympics
- Marches for Life
- Ultrasound Initiative
- Pregnancy Center Support
- Christian Refugee Relief
- Memorials to Unborn Children
- Miscellaneous Life Activities

TOTAL LIFE CONTRIBUTIONS	0	0

TOTAL 0 0

Section II. Fraternal Commitment Activities

Meetings

1. Regular	
2. Social	
3. Special/Committee	
TOTAL MEETINGS	0

Other Fraternal Commitments (where applicable)

Visits to the Sick	
Visits to the Bereaved	
Number of Blood Donations	
Masses Held for Members	
Hours of Fraternal Service to Sick/Disabled Members and their Families	

All information provided on this report is to be for Programs & Activities conducted January 1st through December 31st annually.

Due January 31st

Submit form to: fraternalmission@kofc.org

Annual Survey of Fraternal Activity

Section I. Fraternal Program Activities

Submission Due Date is January 31st

Faith Activities

- Refund Support Vocations Program - direct contributions to students studying to become priests or postulants.
- Church Facilities - construction, repairs, remodeling, memorial gifts, etc.
- Catholic Schools/Seminaries - donations, grants, equipment, etc.
- Religious/Vocations Education - scholarships, CCD, lay apostolate, programs, speakers, films, program materials, etc.
- Prayer & Study Programs - direct contributions to prayer groups, faith program materials, domestic church kiosk, rosary program, Marian Icon program, etc.
- Sacramental Gifts - costs related to gifts presented to congregation.
- Miscellaneous Faith Activities - all other disbursements not outlined above relating to Faith Activities.

Family Activities

- Food for Families - direct contributions to food banks, pantries, soup kitchens.
- Family Formation Programs - **Family Fully Alive**, **Family of the Month/Year**, **Consecration to the Holy Family**, Good Friday Family Promotion, etc.
- Keep Christ in Christmas - all contributions to KCIC, Journey to the Inn, Light Up for Christ, Christmas Poster Contest, billboard signs, etc.
- Family Week - direct contributions to the coordination, promotion, and conduct of this program.
- Family Prayer Night - direct contributions to coordination and execution of this program.
- Miscellaneous Family Programs - all other disbursements not outlined above relating to Family Activities.

Community Activities

- Coats For Kids - direct contributions to purchasing and distribution of coats to those in need.
- Global Wheelchair Mission - direct contributions to purchasing and coordination of wheelchair distribution to the needy.
- Habitat for Humanity - direct contributions to Habitat for Humanity projects, materials, tools, and construction.
- Disaster Preparedness/Relief - direct contributions to planning and executing disaster preparedness and response, food, water, equipment, etc.
- Physically Disabled/Intellectual Disabilities - direct contributions to schools, care services, organizations, etc.
- Elderly/Widow(er) Care - direct contributions to homes for the aged, retired/senior volunteer programs, construction, repairs, remodeling, gifts, etc.
- Hospitals/Health Organizations - direct contributions to Red Cross, Hospice, heart/cancer funds, equipment, construction, donations, etc.
- Columbian Squires - direct contributions to the operations and support of the Columbian Squires program.
- Scouting/Youth Groups - direct contributions to sponsorship, volunteer efforts, projects, 4-H, Big Brothers, CYO, mentoring, etc.
- Athletics - direct contributions to council sport events, youth sport sponsorships, equipment, transportation, etc.
- Youth Welfare/Service - direct contributions to substance/child abuse, foster parents, etc.
- Scholarships/Education - direct contributions to career nights, essay contests, scholarships, tuition, fund raising, etc.
- Veteran Military/VAVS - direct contributions to veterans, VA hospital support/visitation, memorials, parades, etc.
- Miscellaneous Community/Youth Activities - all other disbursements not outlined above relating to Community Activities.

Life Activities

- Special Olympics - direct contributions to local, state, and national events.
- Marches for Life - direct contributions to local, state, and nation marches.
- Ultrasound Initiative - direct contributions to the purchase and placement of Ultrasound machines for crisis pregnancy centers.
- Pregnancy Center Support - direct contributions to donations, diapers, supplies, baby showers, birthright, etc.
- Christian Refugee Relief - direct contributions to aid provided to refugee relief, Solidarity Crosses.
- Memorials to Unborn Children - direct contributions to purchases, fund raisers, donations, construction, etc.
- Miscellaneous Life Activities - all other disbursements not outlined above relating to Life Activities.

Section II. Fraternal Commitment Activities

Meetings

- Business - discussing or conducting business.
- Social - dinners, dances, parties, etc.
- Special/Committee - lectures, films, educational, etc.

Grand Knight		Date
Member #		
Financial Secretary		Date
Member #		



Evaluation of Financial Secretary

WORTHY SUPREME KNIGHT:

DATE: _____

The following evaluation of Financial Secretary is hereby submitted.

Council Number: _____ Council Location: _____
City/Town State/Province

Financial Secretary's Name: _____ Membership Number: _____

Financial Secretary's current employment is: _____

(Place a check (✓) in appropriate box)

	Excellent	Good	Fair	Poor
1. Utilizes the Member Management/Member Billing Applications to record member data, produce member bills and cards, record receipts and vouchers. Follows procedures for Notice of Intent to Retain (#1845).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attends regular meetings, special meetings and ceremonials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All books and records available and in good condition for semi-annual audits by trustees. Available to answer questions during audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Promptly mails all required forms (membership documents, Officers Report, Fraternal Survey, etc) to proper persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperates fully with all council officers and chairmen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Promptly draws orders on the treasurer for payment of bills levied against the council. Turns all funds collected over to the treasurer for deposit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Complies with all confidentiality and data management requirements of Supreme Council.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Reviews monthly council statements and semi-annual membership rosters with the council and grand knight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Rating of his overall attitude and efficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION:

We hereby **recommend** the reappointment of Brother _____

Current Financial Secretary is not seeking reappointment at the end of his term.

FS Signature required Term end date

We **do not** recommend the reappointment of Brother _____

For this termination, please indicate when the Financial Secretary's term should end: _____
(Date)



Trustee for One Year _____
Signature Required (Date)

Trustee for Two Years _____
Signature Required (Date)

Trustee for Three Years _____
Signature Required (Date)

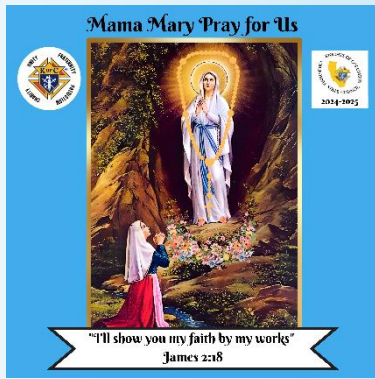
Grand Knight _____
Signature Required (Date)

District Deputy _____
Signature Required only when Not Recommended (Date)

State Deputy _____
Signature Required only when Not Recommended (Date)

Forward to: Knights of Columbus
 Financial Secretary Div.
 P.O. Box 554
 Elmsford, NY 10523-9906

Alternatively, you may email this completed and signed form to financial.secretary@kofc.org
 OR fax to (203) 752-4113.



In Closing



Ed Broadhurst

Chairman Leader Training

Training@californiaknights.org

619 633 9845