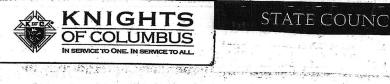


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THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL. (A SEPARATE REPORTING FORM SHOULD BE COMPLETED FOR EACH PROGRAM CATEGORY.)
CATEGORY (MARK ONE): CHURCH FAMILY
☑ COMMUNITY ☐ YOUTH
COUNCIL
FROM: GRAND KNIGHT: Ken Ty Lev TELEPHONE NUMBER: 360-672-0823
COUNCIL NAME Havre Council NUMBER: 1644
LOCATION: Havre, Montana 59501
(STATE OR PROVINCE)
Project Title: King Bells for Salvation Cerny
Date Project Conducted: Den 17 2022
Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)
Raise money for Salvation arme
Number of council members participating in project:
Percentage of council members participating in project:
Number of man hours expended in project:
Chairman's Name: Pry Just Come Number: (416) 385-480 Mailing Address: 1006, 1005 West Lavre, Worland 59501
(continued on reverse)
MAIL ORIGINAL TO: State Deputy or State Program Director COPY TO: Council File
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CATEGORY (MARK ONE): CHURCH FAMILY
M COMMUNITY ☐ YOUTH
COUNCIL
FROM: GRAND KNIGHT: Ken Tylev TELEPHONE NUMBER: 360-672-0823
COUNCIL NAME HOUVE COUNCIL NUMBER: 1644
LOCATION: Havre, Montana 59501
(Town or City) (STATE OR PROVINCE)
Project Title: Provide Courteen tallowing donations
Date Project Conducted: January 9, 2023
Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)
Provide sandwich for formars.
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Number of council members participating in project:
Percentage of council members participating in project:
Number of man hours expended in project: 42
Chairman's Name: JeRoy Keller Telephone Number: (406) 398-555-3
Mailing Address: PD Box 1418 from Matters 59501
(continued on reverse)
MAIL ORIGINAL TO: State Deputy or State Program Director COPY TO: Council File
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Describe project in detail. Use addition	al paper if necessary. Supplementary material may
submitted along with the nomination.	Accompanying materials can include letters toutime
ais, news clippings, photographs, pam materials, films, etc., as they will not be	ohlets, etc. Do not submit tapes, video cassettes, disple considered in judging the nomination.
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ATTEST:	_ Signed: Kennya ett 1
(State Deputy)	(Grand Knight)
DO NOT SURMIT THE	REPORT FORM TO CURRENT COURSE
	REPORT FORM TO SUPREME COUNCIL

24



THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL. (A SEPARATE REPORTING FORM SHOULD BE COMPLETED FOR EACH PROGRAM CATEGORY.)
CATEGORY (MARK ONE): GHURCH FAMILY
COMMUNITY D YOUTH
FROM: GRAND KNIGHT: Ken Tylev TELEPHONE NUMBER: 360-672-0823
COUNCIL NAME MOUVE COUNCIL NUMBER (1-41)
LOCATION: Havre, Montana 59501 (TOWN OR CITY) (STATE OR PROVINCE)
Project Title: Do Cauteen for Red Cross
Date Project Conducted: Juniary 9 +k 2023
Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.) Serve san overles and cookies also
Consonne.
Number of council members participating in project:
Percentage of council members participating in project: 47_6 Number of man hours expended in project: 241_6
Chairman's Name: Rock Deller Telephone Number: (406) 398-5553
Mailing Address: 10. Dox 1618 Havre Montana 59501
MAIL ORIGINAL TO: State Deputy or State Program Director COPY TO: Council File
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THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL. (A SEPARATE REPORTING FORM SHOULD BE COMPLETED FOR EACH PROGRAM CATEGORY.) CATEGORY (MARK ONE): CHURCH FAMILY COMMUNITY COUNCIL TELEPHONE NUMBER:360-672-0823 (STATE OR PROVINCE) Date Project Conducted: Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.) Number of council members participating in project: Percentage of council members participating in project: Number of man hours expended in project: Telephone Number: (406) 2 65 Chairman's Name: Mailing Address: 35 (continued on reverse) MAIL ORIGINAL TO: State Deputy or State Program Director COPY TO: Council File STSP 11/06 23

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(State Deputy)	Oight		(Grand Knight)	



STATE COUNCIL SERVICE PROGRAM AWARDS

THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL. (A SEPARATE REPORTING FORM SHOULD BE COMPLETED FOR EACH PROGRAM CATEGORY.)
CATEGORY (MARK ONE): GHURCH FAMILY
COMMUNITY YOUTH
COUNCIL
FROM: GRAND KNIGHT: Ken Tylev TELEPHONE NUMBER: 360-672-0823
COUNCIL NAME Havre Council NUMBER: 1644
LOCATION: Havre, Montana 59501
(STATE OR PROVINCE)
Project Title: Sunday Parish Breakfast
Date Project Conducted: November 27, 2027
Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)
Serve breakfast after mass for Parishioners
Number of council members participating in project:
Percentage of council members participating in project:
Number of man hours expended in project: 34 hu
Chairman's Name: Atom Telephone Number: (406) 262-7814
Mailing Address: 1045 8th Have Montana 59501
(continued on reverse)
MAIL ORIGINAL TO: State Deputy or State Program Director
COPY TO: Council File
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submitted along with the nomination als, news clippings, photographs, p materials, films, etc., as they will no	amphlets etc T	to not enhant	tance mideo and	ettes, displa
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(State Deputy)			(Grand Knight)	



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CATEGORY (MARK ONE): GHURCH FAMILY
FAMILY
COMMUNITY TOUTH
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FROM: GRAND KNIGHT: Ken Tylev TELEPHONE NUMBER: 360-672-0823
Council
LOCATION: Havre, Montana 59501 (TOWN OR CITY)
(Town or City)
Design 200 D 50 C
Project Title: Monthly Parish Breakfast
Date Project Conducted: Jan 29, 2023
Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)
Serve Breabfast following Mass
Jass Mass
A LAND TO THE SECOND SE
Number of council members participating in project:
Percentage of council members participating in project:
VIIImbos of me 1
Number of man nours expended in project:
Chairman's Name:
Mailing Address: 1045 8th 2f Jan 14
maining Address: 1043 8 St. Have Mordana 59501
(continued on reverse)
MAIL ORIGINAL TO: State Deputy or State Program Director
COPY TO: Council File
STSP 11/06
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materials, films, etc., as they will no	A O	ierea in judį	ging the no	omination.	
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ATTEST:		Signed: 1	mel	Le V	11/1