

Official Council Report for L. A. Regional Senatus Affiliates

[Kindly submit **6 COPIES**: (2) Copies - Senatus Secretary, (1) Copy - Senatus Correspondent , (3) Copies – Other Senatus Board Members]

REPORT DATE: _____

REPORTING COUNCIL: _____

[**COMITIUM**: For each applicable question only count directly attached Praesidia, not Praesidia affiliated through your attached Curia(e)]

MEMEBERSHIP

- Number of praesidia directly affiliated as: Senior - _____ Junior - _____
How many of your senior praesidia are Young Adult (with only 18-35 y/o members)? _____
- Number of all members in attached praesidia: 18-35 years of age: _____ 36+ years of age: _____
- How many of your praesidia have four members or less? _____
- Number of Patricians groups active within your praesidia: _____
- Number of Exploratio Dominicalis in your council since the last report: _____
- How many parishes in your council have a legion praesidium present? _____

EXTENSION

- How many parishes in your region have no legion presence? _____
- Number of these parishes contacted since the last report: _____
- Number of new praesidia opened by your council since your last report: _____
- Your councils proposed extension plans: _____

ATTENDANCE

- Average percent (%) of members attending your monthly council meeting: _____
- What efforts have been and/or will be taken to improve this: _____

VISITATIONS

- How many of your affiliated praesidia were visited since your last report? _____
- How often are your affiliated praesidia visited? _____

ASSIGNED WORKS

- From 1st to 3rd, starting with the most frequent, what valid works are most often assigned by your attached praesidia?

1. _____
2. _____
3. _____

- Number of attached praesidia assigning “Door to Door” evangelization (six months per year): _____

FINANCES

- The date of the most recent council audit (performed by two council members; not treasurer): _____
- The current balance of you council treasury: \$ _____

FUNCTIONS

- Please list council functions held since last report: _____

- When is your council board planning to have its next Congress? _____

BOARD MEETINGS

- Does your council have a monthly board meeting? YES / NO If NOT, why? _____

PROBLEMS / CHALLENGES:

PROPOSALS / GOALS:

ATTENTION: CURIA PLEASE SKIP this section & COMPLETE- COUNCIL SPECIFICS
(SECTION A – E) FOR COMITIA USE ONLY: THANK YOU!!

(A) Please provide the names of each of your attached Curiae [& # of Sr., Jr., & YA praesidia affiliated to each in the () following]:

1. _____ (Sr: Jr: YA:) 2. _____ (Sr: Jr: YA:)
3. _____ (Sr: Jr: YA:) 4. _____ (Sr: Jr: YA:)
5. _____ (Sr: Jr: YA:) 6. _____ (Sr: Jr: YA:)
7. _____ (Sr: Jr: YA:) 8. _____ (Sr: Jr: YA:)

(B) How often do you visit your attached Curiae? _____ Do you discuss the Curia Visitations at your board meeting? Y / N

(C) How often do your attached Curia visit their attached praesidia? _____

(D) Do your Curiae have monthly Board Meetings? Y / N

(E) Do you have a correspondent assigned for ***EACH*** Curia? Y / N

COUNCIL SPECIFICS

[To be completed for Senatus records by all Councils (COMITIA and CURIAE) — PLEASE **Print** Clearly — **DON'T** share this info during your report]

- The location of your council mtg.: Street Address: _____ City: _____
Zip Code: _____ Day of meeting: _____ Time: _____ AM / PM
- **CORESPONDENT** — Name: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
- **SPIRITUAL DIRECTOR** — Name: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
- **PRESIDENT** — Name: _____ Term: 1st OR 2nd Date Elected: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
- **VICE PRESIDENT** — Name: _____ Term: 1st OR 2nd Date Elected: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
- **SECRETARY** — Name: _____ Term: 1st OR 2nd Date Elected: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
- **TREASURER** — Name: _____ Term: 1st OR 2nd Date Elected: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
- **OTHER CHAIRPERSON(S) / ASST. OFFICER(S)** — (IF ANY)
 - Name & Position: _____ Term: 1st OR 2nd Date Elected: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
 - Name & Position: _____ Term: 1st OR 2nd Date Elected: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
 - Name & Position: _____ Term: 1st OR 2nd Date Elected: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____
 - Name & Position: _____ Term: 1st OR 2nd Date Elected: _____
Street Address: _____ City: _____ Zip Code: _____
Phone #: _____ E-mail Address: _____