

CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

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The Department of Ohio

35 East Chestnut Street, Suite 510 Columbus, Ohio 43215-2541

	2VC2ndReporting Period:		d Vice Commander Program - Report Form April 1 - September 30 October 1 – March 30								
(check one)			(report due October 1)			(report due April 1)					
Report From:			Post	Name & Nu	mber						
	2 nd Vice CDR's Name	e:					-	1			
2VC's Phone & Email		Ph:				E:					
Total Post Members Last Report		5	NM		RR		LM			wv	
Total Post Members This report:		5	NM		RR		LM			WV	
	KEY: $\mathbf{NM} = \mathbf{Ne}$	ew Men	nbers; F	RR = Regular &	& Activ	e Duty; LM	= Life; W	VV =	Waiver (over 85)	
1.	Membership Drives Held (list places held below)		# of CWV Participants		# of Contacts		Hours spent		\$ Amt spent		
2	Post has a Mamb	perchin	Plan to	o recruit & re	toin?	VFS			If V	ES atta	ch a conv
2	Post has a Memb	pership	Plan to	o recruit & re	tain?	YES	N)	If Y	ES, atta	ch a copy
23	News Articles Publis	shed			1						ch a copy
		shed			1	YES		is at	tached		
3	News Articles Publis	shed			1			is at YES	tached: S		NO
3 a.	News Articles Publis Local Papers -	shed - name	e of pa	per	1	Published	Сору	is at YES YES	tached: S		
3 a. 4.	News Articles Publis Local Papers - CWV Magazine	shed - name	e of pa		1	Published Copy is	Сору	is at YES YES ed?	ttached S S		NO
3 a.	News Articles Publis Local Papers -	shed - name	e of pa	per	1	Published Copy is YES	Сору	is at YES YES ed? NO	ttached S S		NO
3 a. 4.	News Articles Publis Local Papers - CWV Magazine	shed - name - s sent	e of pa	per	1	Published Copy is	Сору	is at YES YES ed?	ttached S S)		NO
3 a. 4. a.	News Articles Publis Local Papers - CWV Magazine Articles	shed - name - s sent	e of pa	per	1	Published Copy is YES YES	Сору	is at YES YES ed? NO	ttached S S)		NO
3 a. 4. a.	News Articles Publis Local Papers - CWV Magazine Articles	shed - name - s sent	e of pa	per	1	Published Copy is YES YES	Сору	is at YES YES ed? NO	ttached S S)		NO
3 a. 4. a.	News Articles Publis Local Papers - CWV Magazine Articles Pictures	shed - name s sent s sent	e of pa Publi	per	Date	Published Copy is YES YES YES YES	Copy attache	is at YES ed? NO NO	ttached' S S))		NO

DEPT OF OHIO OFFICER PROGRAM REPORTING – Additional Activities Log

For Which Officer Program: (1VC, 2VC, etc.)

Post Name & No	For time period

Attach pictures and / or written descriptions to show a fuller picture of how your Program is administered **Category Number** # CWV # People Hours Amount Activity Description (from Report Form) participants assisted Spent Spent

Make additional copies of this page if needed