

RESTRICTED

MONTHLY REPORT

ORGANIZATION

STATE OF CALIFORNIA

GENERAL INFORMATION
1. NAME OF THE ORGANIZATION
2. ADDRESS
3. CITY
4. STATE
5. ZIP CODE
6. DATE OF REPORT
7. PERIOD FOR WHICH REPORT IS MADE
8. NAME AND TITLE OF REPORTER
9. NAME AND TITLE OF SUPERVISOR

DETAILED INFORMATION
1. OBJECTIVES OF THE ORGANIZATION
2. METHODS OF OPERATION
3. FINANCIAL STATEMENTS
4. MEMBERSHIP LIST
5. ACTIVITY REPORT
6. OTHER INFORMATION

ADDITIONAL INFORMATION
1. COMMENTS
2. RECOMMENDATIONS
3. OTHER NOTES

APPROVED: _____ DATE: _____

REPORT MADE AT: _____

REPORT MADE ON: _____

REPORT MADE BY: _____

REPORT MADE FOR: _____

RESTRICTED

MONTHLY REPORT

COMPANIES

PERIOD

REPORTING OFFICER

14 MAY 1954
117 125 1000
117
117 125 1000
117

NO. OF COMPANIES

PERIOD

REPORTING OFFICER

PERIOD

REPORTING OFFICER

PERIOD

REPORTING OFFICER

PERIOD

REPORTING OFFICER

1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

01	01	01		
4	4	1		3
160	160	110	2	3
170	170	160		1
15	15	15		
121	121	119	2	1
14	16	15		2
101	101	176	4	0 1

REPORTING OFFICER'S SIGNATURE

[Signature]

REPORTING OFFICER

PERIOD

REPORTING OFFICER

PERIOD