



Catholic Daughters of the Americas®



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Timothy Cardinal Dolan**
National Chaplain
New York, NY

Rev. Jeffrey Maurer
National Clergy Consultant
Washingtonville, NY

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NATIONAL HEADQUARTERS

10 West 71st Street
New York, NY 10023
P: 212-877-3041
catholicdaughters.org

September 2017

Worthy State Regent,

Attached please find a copy of the newly revised and updated forms for the State Court to report their Best State Project in each of the areas of Circle of Love.

Please note the following guidelines for reporting on these forms:

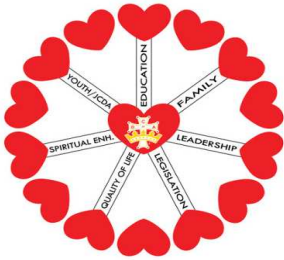
- At this time, you should consider one outstanding state activity chosen from the two-year period of March 1, 2016 to February 28, 2018. The state can enter ONLY ONE activity for each segment of the Circle of Love.
- When selected forward the reports to the National Circle of Love Chairmen.

Thank you for your dedicated service to our organization and to our Church through the Catholic Daughters of the Americas.

In Unity and Charity,

Helene Shepard

Helene Shepard
National Regent



Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
State Board to National Chairman
State's Best Project
EDUCATION

March 1, 2016– February 28, 2018

State Regent _____ State _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone: Home _____ Cell _____

Number of Courts in the State _____ Number of local courts participating in this activity _____

Please fill out this form (Print/Type) and mail to:

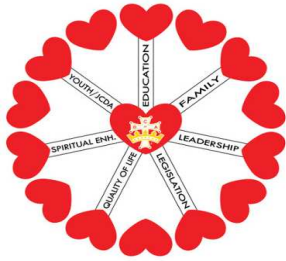
NATIONAL CHAIRMAN: Marialice Sagan
1011 Monona Drive
Ludington, MI 49431
msagan2011@hotmail.com

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Education** done by your State Court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. Retain a copy for your files.

DEADLINE: Entries must be postmarked no later than **APRIL 1, 2018**.



Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
State Board to National Chairman
State's Best Project
FAMILY

March 1, 2016– February 28, 2018

State Regent _____ State _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone: Home _____ Cell _____

Number of Courts in the State _____ Number of local courts participating in this activity _____

Please fill out this form (Print/Type) and mail to:

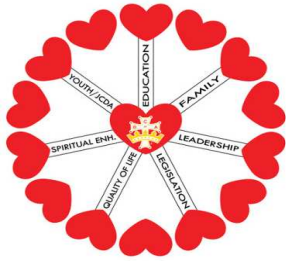
NATIONAL CHAIRMAN: Essie Walker
P.O. Box 664
Matthews, NC 28106
walkerme772@gmail.com

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **FAMILY** done by your State Court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

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Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM

State Board to National Chairman

**State's Best Project
LEADERSHIP**

March 1, 2016– February 28, 2018

State Regent _____ **State** _____

Address _____ **City** _____

State _____ **Zip** _____ **Email** _____

Phone: Home _____ **Cell** _____

Number of Courts in the State _____ **Number of local courts participating in this activity** _____

Please fill out this form (Print/Type) and mail to:

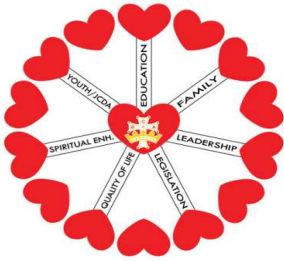
NATIONAL CHAIRMAN: Sherry Nilles
711 25th Avenue
Sheldon, IA 51201
ljnilles@nethtcnet

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Leadership** done by your State Court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

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Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
State Board to National Chairman
State's Best Project
LEGISLATION
March 1, 2016– February 28, 2018

State Regent _____ **State** _____

Address _____ **City** _____

State _____ **Zip** _____ **Email** _____

Phone: Home _____ **Cell** _____

Number of Courts in the State _____ **Number of local courts participating in this activity** _____

Please fill out this form (Print/Type) and mail to:

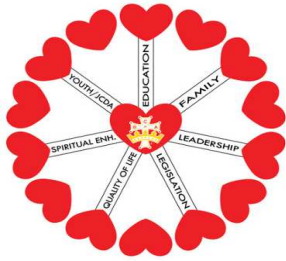
NATIONAL CHAIRMAN: Margaret Sitte
808 West Avenue C
Bismarck, ND 58501
Margaret51101@Midco.net

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Legislation** done by your State Court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. Retain a copy for your files.

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Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
State Board to National Chairman
State's Best Project
QUALITY OF LIFE
March 1, 2016– February 28, 2018

State Regent _____ **State** _____

Address _____ **City** _____

State _____ **Zip** _____ **Email** _____

Phone: Home _____ **Cell** _____

Number of Courts in the State _____ **Number of local courts participating in this activity** _____

Please fill out this form (Print/Type) and mail to:

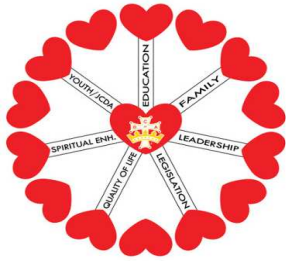
NATIONAL CHAIRMAN: Carol Bogacz
400 Shireoaks Drive
Martinsburg, WV 25403
Carol.cz400@gmail.com

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Quality of Life** done by your State Court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. Retain a copy for your files.

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Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
State Board to National Chairman
State's Best Project
SPIRITUAL ENHANCEMENT
March 1, 2016– February 28, 2018

State Regent _____ **State** _____

Address _____ **City** _____

State _____ **Zip** _____ **Email** _____

Phone: Home _____ **Cell** _____

Number of Courts in the State _____ **Number of local courts participating in this activity** _____

Please fill out this form (Print/Type) and mail to:

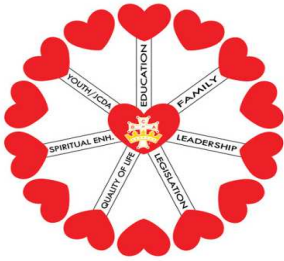
NATIONAL CHAIRMAN: Olga Samaniego
1801 Billy Casper Drive
El Paso, TX 79936
olgasamaniego@hotmail.com

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Spiritual Enhancement** done by your State Court during the past two years. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. Retain a copy for your files.

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Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
State Board to National Chairman
State's Best Project
YOUTH/JCDA
March 1, 2016– February 28, 2018

State Regent _____ State _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone: Home _____ Cell _____

Number of Courts in the State _____ Number of local courts participating in this activity _____

Please fill out this form (Print/Type) and mail to:

NATIONAL CHAIRMAN: Arline Rich
16 Lincoln Avenue
West Hartford, CT 06117
Arline19@att.net

PART I- YOUTH:

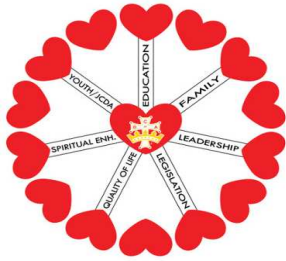
Title of the Project _____

Describe **fully and attach ONE project** in the **Circle of Love** program of **YOUTH** done by the State Court during the past two years. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. Retain a copy for your files.

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States having Junior and/or Juniorette Courts, please complete Part 2.



Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
State Board to National Chairman
State's Best Project
YOUTH/JCDA
March 1, 2016– February 28, 2018

State Regent _____ State _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone: Home _____ Cell _____

Number of Courts in the State _____ Number of local courts participating in this activity _____

Number of: JUNIOR Courts _____ Members _____ JUNIORETTE Courts _____ Members _____

Please fill out this form (Print/Type) and mail to:

NATIONAL CHAIRMAN: Arline Rich
16 Lincoln Avenue
West Hartford, CT 06117
Arline19@att.net

Part II JCDA

Title of the Project _____

Describe **fully and attach ONE project** done by the State Court with/for the Junior or Juniorette Program during the past two years. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

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