## The American Legion, Department of Connecticut

20	1	1	<b>-2012</b>	
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REPORT OF(NAME)		Title
		To:
_		
EXECUTIVE MEETING RE	EPORT:	
DISTRICT COMMAN	DERS ONLY)	Please list date and place of next three (3) meetings
DISTRICT NO		
OATE:	PLACE:	TIME:
OATE:	PLACE:	TIME:
OATE:	PLACE: _	TIME:
		Signature: