



**LOCAL CHURCH MINISTER  
MONTHLY REPORT**

For Month Ending \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Local Church Name: \_\_\_\_\_

Number of Visits \_\_\_\_\_ Number of Services Conducted \_\_\_\_\_ Number Saved \_\_\_\_\_

Number Sanctified \_\_\_\_\_ Number of Holy Spirit Baptisms \_\_\_\_\_

Are your tithes paid in your local church:  Yes  No

LCM Fee Enclosed \$ \_\_\_\_\_ Fees are \$15.00 per month

**Make checks payable to Pacific Western Network Ministries**

**Mail to: Pacific Western Network Ministries P.O. Box 2250, Clovis, CA 93613**

**Office Phone: (559)326-9743**

**Office Email: pacwestconf@gmail.com**