


DATE	CHAPTER	DATE	CHAPTER
<i>(October, continued)</i>		<b>DECEMBER</b>	
<input type="checkbox"/> 18	4	<input type="checkbox"/> 1 Reflection	
<input type="checkbox"/> 19	5	<input type="checkbox"/> 2 Reflection	
<input type="checkbox"/> 20 Reflection		<input type="checkbox"/> 3	3
<input type="checkbox"/> 21 Reflection		<input type="checkbox"/> 4	4
<input type="checkbox"/> 22	6	<input type="checkbox"/> 5	5
<input type="checkbox"/> 23	7	<input type="checkbox"/> 6	6
<input type="checkbox"/> 24	8	<input type="checkbox"/> 7	7
<input type="checkbox"/> 25	9	<input type="checkbox"/> 8 Reflection	
<input type="checkbox"/> 26	10	<input type="checkbox"/> 9 Reflection	
<input type="checkbox"/> 27 Reflection		<input type="checkbox"/> 10	8
<input type="checkbox"/> 28 Reflection		<input type="checkbox"/> 11	9
<input type="checkbox"/> 29	11	<input type="checkbox"/> 12	10
<input type="checkbox"/> 30	12	<input type="checkbox"/> 13	11
<input type="checkbox"/> 31	13	<input type="checkbox"/> 14	12
<input type="checkbox"/> 15 Reflection		<input type="checkbox"/> 17	13
<input type="checkbox"/> 16 Reflection		<input type="checkbox"/> 18	14
<b>November</b>		<input type="checkbox"/> 19	15
<input type="checkbox"/> 1	14	<input type="checkbox"/> 20	16
<input type="checkbox"/> 2	15	<input type="checkbox"/> 21	17
<input type="checkbox"/> 3 Reflection		<input type="checkbox"/> 22 Reflection	
<input type="checkbox"/> 4 Reflection		<input type="checkbox"/> 23 Reflection	
<input type="checkbox"/> 5	16	<input type="checkbox"/> 24	18
<input type="checkbox"/> 6	17	<input type="checkbox"/> 25	19
<input type="checkbox"/> 7	18	<input type="checkbox"/> 26	20
<input type="checkbox"/> 8	19	<input type="checkbox"/> 27	21
<input type="checkbox"/> 9	20	<input type="checkbox"/> 28	22
<input type="checkbox"/> 10 Reflection		<input type="checkbox"/> 29 Reflection	
<input type="checkbox"/> 11 Reflection		<input type="checkbox"/> 30 Reflection	
<input type="checkbox"/> 12	21	<input type="checkbox"/> 31 Rejoice!	
<b>1 THESSALONIANS</b>			
<input type="checkbox"/> 13	1		
<input type="checkbox"/> 14	2		
<input type="checkbox"/> 15	3		
<input type="checkbox"/> 16	4		
<input type="checkbox"/> 17 Reflection			
<input type="checkbox"/> 18 Reflection			
<input type="checkbox"/> 19	5		
<b>2 THESSALONIANS</b>			
<input type="checkbox"/> 20	1		
<input type="checkbox"/> 21	2		
<input type="checkbox"/> 22	3		
<b>2 PETER</b>			
<input type="checkbox"/> 23	1		
<input type="checkbox"/> 24 Reflection			
<input type="checkbox"/> 25 Reflection			
<input type="checkbox"/> 26	2		
<input type="checkbox"/> 27	3		
<b>JUDE</b>			
<input type="checkbox"/> 28	1		
<b>REVELATION</b>			
<input type="checkbox"/> 29	1		
<input type="checkbox"/> 30	2		

## 5 Minutes 5 Days 5 Questions



BIBLE READING PLAN  
Through the New Testament  
Website Link: FresnoFirst.org

5 QUESTIONS	DATE	CHAPTER
1. What does it say about what God is like?	<i>(January, continued)</i>	
2. What does it say about what God does?	<input type="checkbox"/> 24	2
3. What does it say about who I am?	<input type="checkbox"/> 25	3
4. How should all of this change the way I live?	<input type="checkbox"/> 26	4
5. Who will I tell what I have learned?	<input type="checkbox"/> 27 Reflection	
	<input type="checkbox"/> 28 Reflection	
	<input type="checkbox"/> 29	5
	<input type="checkbox"/> 30	6
	<input type="checkbox"/> 31	7
	<b>FEBRUARY</b>	
	<input type="checkbox"/> 1	8
	<input type="checkbox"/> 2	9
	<input type="checkbox"/> 3 Reflection	
	<input type="checkbox"/> 4 Reflection	
	<input type="checkbox"/> 5	10
	<input type="checkbox"/> 6	11
	<input type="checkbox"/> 7	12
	<input type="checkbox"/> 8	13
	<input type="checkbox"/> 9	14
	<input type="checkbox"/> 10 Reflection	
	<input type="checkbox"/> 11 Reflection	
	<input type="checkbox"/> 12	15
	<input type="checkbox"/> 13	16
	<input type="checkbox"/> 14	17
	<input type="checkbox"/> 15	18
	<input type="checkbox"/> 16	19
	<input type="checkbox"/> 17 Reflection	
	<input type="checkbox"/> 18 Reflection	
	<input type="checkbox"/> 19	20
	<input type="checkbox"/> 20	21
	<input type="checkbox"/> 21	22
	<input type="checkbox"/> 22	23
	<input type="checkbox"/> 23	24
	<input type="checkbox"/> 24 Reflection	
	<input type="checkbox"/> 25 Reflection	
	<input type="checkbox"/> 26	25
	<input type="checkbox"/> 27	26
	<input type="checkbox"/> 28	27
	<b>MARCH</b>	
	<input type="checkbox"/> 1	28
	<b>HEBREWS</b>	
	<input type="checkbox"/> 2	1
	<input type="checkbox"/> 3 Reflection	
	<input type="checkbox"/> 4 Reflection	
	<input type="checkbox"/> 5	2

DATE	CHAPTER	DATE	CHAPTER	DATE	CHAPTER	DATE	CHAPTER	DATE	CHAPTER
<i>(March, continued)</i>		<i>(April, continued)</i>		<i>(June, continued)</i>		<i>(July, continued)</i>		<i>(September, continued)</i>	
<input type="checkbox"/> 6	3	<input type="checkbox"/> 22 Reflection		<input type="checkbox"/> 7	2	<input type="checkbox"/> 23	19	<input type="checkbox"/> 7	13
<input type="checkbox"/> 7	4	<input type="checkbox"/> 23	13	<input type="checkbox"/> 8	3	<input type="checkbox"/> 24	20	<input type="checkbox"/> 8 Reflection	
<input type="checkbox"/> 8	5	<input type="checkbox"/> 24	14	<input type="checkbox"/> 9 Reflection		<input type="checkbox"/> 25	21	<input type="checkbox"/> 9 Reflection	
<input type="checkbox"/> 9	6	<input type="checkbox"/> 25	15	<input type="checkbox"/> 10 Reflection		<input type="checkbox"/> 26	22	<b>1 TIMOTHY</b>	
<input type="checkbox"/> 10 Reflection		<input type="checkbox"/> 26	16	<input type="checkbox"/> 11	4	<input type="checkbox"/> 27	23	<input type="checkbox"/> 10	1
<input type="checkbox"/> 11 Reflection		<input type="checkbox"/> 27	17	<input type="checkbox"/> 12	5	<input type="checkbox"/> 28 Reflection		<input type="checkbox"/> 11	2
<input type="checkbox"/> 12	7	<input type="checkbox"/> 28 Reflection		<input type="checkbox"/> 13	6	<input type="checkbox"/> 29 Reflection		<input type="checkbox"/> 12	3
<input type="checkbox"/> 13	8	<input type="checkbox"/> 29 Reflection		<b>PHILIPPIANS</b>		<input type="checkbox"/> 30	24	<input type="checkbox"/> 13	4
<input type="checkbox"/> 14	9	<input type="checkbox"/> 30	18	<input type="checkbox"/> 14	1	<b>1 CORINTHIANS</b>		<input type="checkbox"/> 14	5
<input type="checkbox"/> 15	10			<input type="checkbox"/> 15	2	<input type="checkbox"/> 31	1	<input type="checkbox"/> 15 Reflection	
<input type="checkbox"/> 16	11	<b>MAY</b>		<input type="checkbox"/> 16 Reflection		<b>AUGUST</b>			
<input type="checkbox"/> 17 Reflection		<input type="checkbox"/> 1	19	<input type="checkbox"/> 17 Reflection		<input type="checkbox"/> 1	2	<input type="checkbox"/> 17	6
<input type="checkbox"/> 18 Reflection		<input type="checkbox"/> 2	20	<input type="checkbox"/> 18	3	<input type="checkbox"/> 2	3	<b>2 TIMOTHY</b>	
<input type="checkbox"/> 19	12	<input type="checkbox"/> 3	21	<input type="checkbox"/> 19	4	<input type="checkbox"/> 3	4	<input type="checkbox"/> 18	1
<input type="checkbox"/> 20	13	<input type="checkbox"/> 4	22	<b>COLOSSIANS</b>		<input type="checkbox"/> 4 Reflection		<input type="checkbox"/> 19	2
<b>GALATIANS</b>		<input type="checkbox"/> 5 Reflection		<input type="checkbox"/> 20	1	<input type="checkbox"/> 5 Reflection		<input type="checkbox"/> 20	3
<input type="checkbox"/> 21	1	<input type="checkbox"/> 6 Reflection		<input type="checkbox"/> 21	2	<input type="checkbox"/> 6	5	<input type="checkbox"/> 21	4
<input type="checkbox"/> 22	2	<input type="checkbox"/> 7	23	<input type="checkbox"/> 22	3	<input type="checkbox"/> 7	6	<input type="checkbox"/> 22 Reflection	
<input type="checkbox"/> 23	3	<input type="checkbox"/> 8	24	<input type="checkbox"/> 23 Reflection		<input type="checkbox"/> 8	7	<input type="checkbox"/> 23 Reflection	
<input type="checkbox"/> 24 Reflection		<input type="checkbox"/> 9	25	<input type="checkbox"/> 24 Reflection		<input type="checkbox"/> 9	8	<input type="checkbox"/> 24	1
<input type="checkbox"/> 25 Reflection		<input type="checkbox"/> 10	26	<input type="checkbox"/> 25	4	<input type="checkbox"/> 10	9	<input type="checkbox"/> 25	2
<input type="checkbox"/> 26	4	<input type="checkbox"/> 11	27	<b>PHILEMON</b>		<input type="checkbox"/> 11 Reflection		<input type="checkbox"/> 26	3
<input type="checkbox"/> 27	5	<input type="checkbox"/> 12 Reflection		<input type="checkbox"/> 26	1	<input type="checkbox"/> 12 Reflection		<input type="checkbox"/> 27	1
<input type="checkbox"/> 28	6	<input type="checkbox"/> 13 Reflection		<b>LUKE</b>		<input type="checkbox"/> 13	10	<input type="checkbox"/> 28	2
<b>JAMES</b>		<input type="checkbox"/> 14	28	<input type="checkbox"/> 27	1	<input type="checkbox"/> 14	11	<input type="checkbox"/> 29 Reflection	
<input type="checkbox"/> 29	1	<b>ROMANS</b>		<input type="checkbox"/> 28	2	<input type="checkbox"/> 15	12	<input type="checkbox"/> 30 Reflection	
<input type="checkbox"/> 30	2	<input type="checkbox"/> 15	1	<input type="checkbox"/> 29	3	<input type="checkbox"/> 16	13	<input type="checkbox"/> 31 Reflection	
<input type="checkbox"/> 31 Reflection		<input type="checkbox"/> 16	2	<input type="checkbox"/> 30 Reflection		<input type="checkbox"/> 17	14	<b>OCTOBER</b>	
		<input type="checkbox"/> 17	3	<b>JULY</b>		<input type="checkbox"/> 18 Reflection		<input type="checkbox"/> 1	3
		<input type="checkbox"/> 18	4	<input type="checkbox"/> 1 Reflection		<input type="checkbox"/> 19 Reflection		<input type="checkbox"/> 2	4
<b>APRIL</b>		<input type="checkbox"/> 19 Reflection		<input type="checkbox"/> 2	4	<input type="checkbox"/> 20	15	<input type="checkbox"/> 3	5
<input type="checkbox"/> 1 Reflection		<input type="checkbox"/> 20 Reflection		<input type="checkbox"/> 3	5	<input type="checkbox"/> 21	16	<input type="checkbox"/> 4	1
<input type="checkbox"/> 2	3	<input type="checkbox"/> 21	5	<input type="checkbox"/> 4	6	<b>2 CORINTHIANS</b>		<input type="checkbox"/> 5	1
<input type="checkbox"/> 3	4	<input type="checkbox"/> 22	6	<input type="checkbox"/> 5	7	<input type="checkbox"/> 22	1	<input type="checkbox"/> 6 Reflection	
<input type="checkbox"/> 4	5	<input type="checkbox"/> 23	7	<input type="checkbox"/> 6	8	<input type="checkbox"/> 23	2	<input type="checkbox"/> 7 Reflection	
<b>MATTHEW</b>		<input type="checkbox"/> 24	8	<input type="checkbox"/> 7 Reflection		<input type="checkbox"/> 24	3	<input type="checkbox"/> 8	1
<input type="checkbox"/> 5	1	<input type="checkbox"/> 25	9	<input type="checkbox"/> 8 Reflection		<input type="checkbox"/> 25 Reflection		<input type="checkbox"/> 9	2
<input type="checkbox"/> 6	2	<input type="checkbox"/> 26 Reflection		<input type="checkbox"/> 9	9	<input type="checkbox"/> 26 Reflection		<input type="checkbox"/> 10	3
<input type="checkbox"/> 7 Reflection		<input type="checkbox"/> 27 Reflection		<input type="checkbox"/> 10	10	<input type="checkbox"/> 27	4	<input type="checkbox"/> 11	4
<input type="checkbox"/> 8 Reflection		<input type="checkbox"/> 28	10	<input type="checkbox"/> 11	11	<input type="checkbox"/> 28	5	<input type="checkbox"/> 12	5
<input type="checkbox"/> 9	3	<input type="checkbox"/> 29	11	<input type="checkbox"/> 12	12	<input type="checkbox"/> 29	6	<input type="checkbox"/> 13 Reflection	
<input type="checkbox"/> 10	4	<input type="checkbox"/> 30	12	<input type="checkbox"/> 13	13	<input type="checkbox"/> 30	7	<input type="checkbox"/> 14 Reflection	
<input type="checkbox"/> 11	5	<input type="checkbox"/> 31	13	<input type="checkbox"/> 14 Reflection		<input type="checkbox"/> 31	8	<input type="checkbox"/> 15	1
<input type="checkbox"/> 12	6	<b>JUNE</b>		<input type="checkbox"/> 15 Reflection		<b>SEPTEMBER</b>			
<input type="checkbox"/> 13	7	<input type="checkbox"/> 1	14	<input type="checkbox"/> 16	14	<input type="checkbox"/> 1 Reflection		<input type="checkbox"/> 15	1
<input type="checkbox"/> 14 Reflection		<input type="checkbox"/> 2 Reflection		<input type="checkbox"/> 17	15	<input type="checkbox"/> 2 Reflection		<input type="checkbox"/> 16	2
<input type="checkbox"/> 15 Reflection		<input type="checkbox"/> 3 Reflection		<input type="checkbox"/> 18	16	<input type="checkbox"/> 3	9	<input type="checkbox"/> 17	3
<input type="checkbox"/> 16	8	<input type="checkbox"/> 4	15	<input type="checkbox"/> 19	17	<input type="checkbox"/> 4	10	<input type="checkbox"/> 18	1
<input type="checkbox"/> 17	9	<input type="checkbox"/> 5	16	<input type="checkbox"/> 20	18	<input type="checkbox"/> 5	11	<input type="checkbox"/> 19	1
<input type="checkbox"/> 18	10	<b>EPHESIANS</b>		<input type="checkbox"/> 21 Reflection		<input type="checkbox"/> 6	12	<input type="checkbox"/> 20	2
<input type="checkbox"/> 19	11	<input type="checkbox"/> 6	1	<input type="checkbox"/> 22 Reflection		<input type="checkbox"/> 21	1	<input type="checkbox"/> 21	3
<input type="checkbox"/> 20	12					<input type="checkbox"/> 22	2		
<input type="checkbox"/> 21 Reflection									