AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year ' 6 - '/	
Name of Organization Richard B. Wilson Jr. K	-8 PTO School Wilson K-8
Related Student Organization or Club Wilson Stu	Vent Courci Taxpayer I.D. 75-3132517
OFFICERS:	
Name: Jean Garett	Name: Sandra Darana
Office Held: President	Office Held: Treasurer
Address: 2718 W. Desert Edendo	& Address: 1667 W. Geranium Pl.
TUCSON AZ 85742	TUCSON, AZ 85737
E-mail: jeung@ Compastinet	E-mail: dara-ngosi@comcost.nt
Phone(s): 877-817>	Phone(s): 742-8885
Date taking office: 8-1-09	Date taking office: 9 1-05
Name: Lisa K. Powell	Name: Kin Sweetman
Office Held: VP of Programs	Office Held: VP of Fundraising
Address: 10700 N. La Quinta Dr.	Address: 10641 N. Sundust CF.
TUCSON, AZ 85737	TUCS ON AZ 85737
Phone(s): 197-0933	Phone(s): 229-1452
Date taking office:	Date taking office:
 3) Annual budget, g 4) Current operation 5) Last fiscal year I 6) Last fiscal year I 	reporation (first year only) ation Letter (first year only) goals and objectives g by-laws AZ Corporation Commission Annual Report I.R.S. Form 990 Annual Report surers financial report k statement oals and objectives
4) Most recent bank	
Are two signatures required on disbursements? (Yes (, (3
Member meetings held how often? EVERY 2 MONTA As officers, we hereby agree to abide the By-Laws of our organization and follow the district's Guidelines For Counting	nization, attend annual district-provided Parent Support Group
training, and follow the district's Guidelines For Operation A children's educational opportunities where support is needed.	
Signature Signature Site Administrator's Approval: Signature Date 9 13 10 Date Signature	Sandia Darang 9-13-10 Signature Parang 9-13-10 Signature 9/13/10 Date
For district use: Finance Department recommendat Governing Board Agenda date:	. 14.

Print Form

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 20/0 - 20//		
Name of Organization Donaldson PTO	School Donaldson Elem. School	
Related Student Organization or Club	Taxpayer I.D. 86-0200096	
OFFICERS:		
Name: Bobbie tarrell	Name: Jacqueline Broyles	
Office Held: President	Office Held: Treasurer	
Address: 1825 W. Cassim Lane	Address: 2574 W. Cezanne Cir.	
Tucson, AZ 85764	Tuison AZ 85741	
E-mail: farrellbobbie @ vnsn. com	E-mail: broylesmi@earthlink, ret	
Phone(s): 575-1632	Phone(s): <u>\$44 - 089 0</u>	
Date taking office: Aug. 11, 2610	Date taking office: Aug. 11, 2010	
Name: Sara Rhoads	Name: Sheila Sevinsky	
Office Held:	Office Held: Volunteers	
Address: 1850 W. Zarrageza Pl	Address: 1950 W. Omar Deive	
Tocsian AZ 85704	Tucson, Az 85704	
Phone(s): 955-226(Phone(s): 906-4667	
Date taking office: Aug. 11, 2010	Date taking office: Aug. 11, 2010	
FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARAT	T ATTACHED SHEET	
FOR ADDITIONAL OFFICERS, FLEASE ADD A SEI ARRE	L, ATTACIBIO OIBOX.	
3) Annual budget, go 4) Current operating 5) Last fiscal year A2	on Letter (first year only) als and objectives by-laws Z Corporation Commission Annual Report LS, Form 990 Annual Report rers financial report	
C Informal Non-Profit Please Attach: 1) Annual budget, goals and objectives 2) Current operating by-laws 3) Most recent treasurers financial report 4) Most recent bank statement		
Are two signatures required on disbursements?	No By-laws reviewed annually?	
Member meetings held how often? Once a month	Executive meetings held how often? Once a month	
As officers, we hereby agree to abide the By-Laws of our organ training, and follow the district's Guidelines For Operation Anchildren's educational opportunities where support is needed.	ization, attend annual district-provided Parent Support Group d Financial Responsibility while we strive to improve our	
Strature Paral 9-9-10	Signature Date Signature Date	
Signature	9/10/10	
Site Administrator's Approval: Signature	Date	
For district use: Finance Department recommendation Governing Board Agenda date:	on: approcal ols (1)	

1

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2010-2011	
Name of Organization Cross Middle School PTO	School Cross Middle School
Related Student Organization or Club	Taxpayer I.D. 80.0534224
OFFICERS:	
Name: Elizabeth Burnett	Name: Helen Leighty
Office Held: President	Office Held: Treasurer
Address: 7440 N Cmo de Maximillian	Address: 327 E Camino Lomas
Tucson, AZ 85704	Tucson, AZ 85704-6979
E-mail: burnetts5@msn.com	E-mail: hsleighty@msn.com
Phone(s): 877-2583	Phone(s): (520) 293-7576
Date taking office: July 1, 2010	Date taking office: July 1, 2010
Name: Nora Fritz	Name: Pam Lettera
Office Held: Director of Communications	Office Held: Secretary
Address: 9925 N Calle Solano	Address: 9340 N Calle El Milagro
Tucson, AZ 85737	Tucson, AZ 85704-4920
Phone(s): 742-9296	Phone(s): 520) 797-8120
Date taking office: July 1, 2010	Date taking office: July 1, 2010
6) Last fiscal year I. 7) Most recent treas 8) Most recent bank Informal Non-Profit Please Attach: 1) Annual budget, go 2) Current operating	AZ Corporation Commission Annual Report R.S. Form 990 Annual Report urers financial report statement als and objectives by-laws urers financial report
Are two signatures required on disbursements?	
Member meetings held how often? at least bimonthly	•
As officers, we hereby agree to abide the By-Laws of our organ training, and follow the district's Guidelines For Operation As children's educational opportunities where support is needed. Signature Signature Site Administrator's Approval: Signature Signature	nization, attend annual district-provided Parent Support Group and Financial Responsibility while we strive to improve our Signature 9/13/10 Signature 9/16/10 Date
For district use: Finance Department recommendation	ion: approvol

Governing Board Agenda date:

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2010-11	
Name of Organization Coronado KB	PTO school Cornadoks
Related Student Organization or Club	Taxpayer I.D. 86-1049303
OFFICERS:	
Name: Lauren Hagan	Name: Kristi McKinley
Office Held: President	Office Held: Treasurer
Address: 653 W. Kachina Rid	Igladdress: 12616 N. Copper Spring
00 valley AZ 85755	Oro Valley 2 85755
E-mail: Laurenhagan@comcast	MEMCE COMCESTINE
Phone(s): 520-548-73.35	Phone(s): 520 - 229 - 8633
Date taking office: May 2010	Date taking office: May 2008,
Name: Anital Orth	Name: Bethan Baden
Office Held: VP Fundraising	Office Held: SECIC-ANY
Address: 12190 N. Tall Grass	Address: 12347 N. Mt. Bigel
oro Valley, AZ 857:	55 <u>Orovalley, AZ</u> 857
Phone(s): 520-797-658	Phone(s): 520-575-6688
Date taking office: May 2009	Date taking office: May 2010
FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPAR	RATE, ATTACHED SHEET.
3) Annual budget,4) Current operation5) Last fiscal year6) Last fiscal year	r AZ Corporation Commission Annual Report r I.R.S. Form 990 Annual Report easurers financial report
C Informal Non-Profit Please Attach: 1) Annual budget, 9 2) Current operation 3) Most recent tree 4) Most recent bar	ing by-laws easurers financial report
Are two signatures required on disbursements? Yes	No By-laws reviewed annually? Yes No
Member meetings held how often? 5 + 1 mes/yr	Executive meetings held how often? Monthly
As officers, we hereby agree to abide the By-Laws of our org training, and follow the district's Guidelines For Operation 2 children's educational opportunities where support is needed	1 1
LO Lason 9/15/10	Y makinda 9/15/10
Signature Date / Date	Signature Date
110 115/W	
Signature	Signature Date
Site Administrator's Approval: Signature	
For district use: Finance Department recommenda	ation: apprent

Governing Board Agenda date: