

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

School Year 2017-2018

Name of Organization Ironwood Ridge HS Choir Booster Club School Ironwood Ridge HS

Related Student Organization or Club _____ Taxpayer I.D. 81-3702748

OFFICERS:

Name: Camille Marshall
Office Held: President
Address: Fundraising

Name: Stacie Davis
Office Held: Treasurer
Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: 8/1/16

Date taking office: 8/1/16

Name: Mary "Beth" Roberts

Name: Lori Alarcon

Office Held: Secretary

Office Held: Publist

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: 8/1/17

Date taking office: 8/1/17

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

- Formal Non-Profit Please Attach:
 - 1) Articles of Incorporation (first year only)
 - 2) I.R.S. Determination Letter (first year only)
 - 3) Annual budget, goals and objectives
 - 4) Current operating by-laws
 - 5) Last fiscal year AZ Corporation Commission Annual Report
 - 6) Last fiscal year I.R.S. Form 990 Annual Report
 - 7) Most recent treasurers financial report
 - 8) Most recent bank statement

- 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? Yes No By-laws reviewed annually? Yes No

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 organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

Camille Marshall 8/11/17
Signature Date

Lori Alarcon 8/11/17
Signature Date

[Signature] 8/11/17
Signature Date

Beth Roberts 8/11/17
Signature Date

Site Administrator's Approval: Natalie Burnett 8/15/17
Signature Date

For district use: Finance Department recommendation: [Signature]
Governing Board Agenda date: 9/5/17

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

School Year 2017-2018

Name of Organization Cross Middle School Band/Choir Boosters School Cross Middle School

Related Student Organization or Club _____ Taxpayer I.D. 41-2274852

OFFICERS:

Name: Stephanie Abramo

Name: Leann Calvin

Office Held: President

Office Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: 6/1/2017

Date taking office: 6/1/2017

Name: _____

Name: _____

Office Held: _____

Office Held: _____

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: _____

Date taking office: _____

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

- Formal Non-Profit Please Attach: 1) Articles of Incorporation (*first year only*)
- 2) I.R.S. Determination Letter (*first year only*)
- 3) Annual budget, goals and objectives
- 4) Current operating by-laws
- 5) Last fiscal year AZ Corporation Commission Annual Report
- 6) Last fiscal year I.R.S. Form 990 Annual Report
- 7) Most recent treasurers financial report
- 8) Most recent bank statement

- 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? Yes No By-laws reviewed annually? Yes No

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 organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

[Signature]
Signature

8-24-17
Date

[Signature]
Signature

8-22-17
Date

Signature _____

Date _____

Signature _____

Date _____

Site Administrator's Approval: _____

[Signature]
Signature

8-24-17
Date

For district use:

Finance Department recommendation: approval

Governing Board Agenda date: 9/15/17

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

School Year 2017-2018

Name of Organization Mesa Verde PTO School Mesa Verde

Related Student Organization or Club _____ Taxpayer I.D. 86-1043125

OFFICERS:

Name: Jessica Davis
Office Held: President
Address: Co-President: Dawna Spencer

Name: Mia Lawrence
Office Held: Treasurer
Address: _____

E-mail: _____
Phone(s): _____

E-mail: _____
Phone(s): _____

Date taking office: 5/25/17

Date taking office: 5/25/17

Name: Brianna McQuown
Office Held: Vice President
Address: _____

Name: Krissy Moreno
Office Held: Secretary
Address: _____

Phone(s): _____
Date taking office: 5/25/17

Phone(s): _____
Date taking office: 5/25/17

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

- Formal Non-Profit Please Attach:
 - 1) Articles of Incorporation (first year only)
 - 2) I.R.S. Determination Letter (first year only)
 - 3) Annual budget, goals and objectives
 - 4) Current operating by-laws
 - 5) Last fiscal year AZ Corporation Commission Annual Report
 - 6) Last fiscal year I.R.S. Form 990 Annual Report
 - 7) Most recent treasurers financial report
 - 8) Most recent bank statement
 - 9) Non-Profit report - Secretary of State

- 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? Yes No By-laws reviewed annually? Yes No
Member meetings held how often? Monthly Executive meetings held how often? Monthly

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

Jessica Davis 8/3/17
Signature Date
Brianna McQuown 8/3/17
Signature Date

Mia Lawrence 8/3/17
Signature Date
Krissy Moreno 8/3/2017
Signature Date

Site Administrator's Approval: Cecel Perry
Signature

8/3/17
Date

For district use: Finance Department recommendation: approval
Governing Board Agenda date: 9/5/17

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

School Year 2017-2018

Name of Organization Painted Sky PTO

School Painted Sky

Related Student Organization or Club _____

Taxpayer I.D. 86-1002763

OFFICERS:

Name: Louisa Randall

Name: Kristine Huey

Office Held: President

Office Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: 8/1/17

Date taking office: 8/1/17

Name: Christine Fimbres

Name: Jennifer Tate

Office Held: Secretary

Office Held: Co-President

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: 8/1/17

Date taking office: 8/1/17

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

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 - 8) Most recent bank statement

- 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? Yes No By-laws reviewed annually? Yes No

Member meetings held how often? QUARTERLY Executive meetings held how often? MONTHLY

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

[Signature] 08-14-17
 Signature Date

[Signature] 08-17-17
 Signature Date

[Signature] 8/18/17
 Signature Date

[Signature]
 Signature Date

Site Administrator's Approval: [Signature]
Signature

8-17-17
Date

For district use: Finance Department recommendation: approval
Governing Board Agenda date: 9/15/17

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

School Year 2017-2018

Name of Organization CDO Orchestra Booster Club

School CDO High School

Related Student Organization or Club _____

Taxpayer I.D. 81-3519995

OFFICERS:

Name: John Blair

Name: Tina Cioca

Office Held: President

Office Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: August 2016

Date taking office: August 2016

Name: Debra Overbey

Name: Robert McGee

Office Held: Secretary

Office Held: Vice President

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: August 2016

Date taking office: August 2016

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

- Formal Non-Profit Please Attach:
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 - 8) Most recent bank statement

- 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? Yes No By-laws reviewed annually? Yes No

Member meetings held how often? monthly Executive meetings held how often? quarterly

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

[Signature] 8/10/17
Signature Date

Tina Cioca 8/10/17
Signature Date

Robert McGee 8/12/17
Signature Date

Debra Overbey 8/10/17
Signature Date

Site Administrator's Approval: [Signature]
Signature

8/13/17
Date

For district use: Finance Department recommendation: approval
Governing Board Agenda date: 9/15/17

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

School Year 2017-2018

Name of Organization Canyon Del Oro Band Boosters

School CDO High School

Related Student Organization or Club _____

Taxpayer I.D. 20-3843553

OFFICERS:

Name: Terra Harper

Name: Deb Seng

Office Held: President

Office Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: 6/1/17

Date taking office: 6/1/17

Name: Amy Kathleen Martinez

Name: Hank Rowe

Office Held: Vice President

Office Held: Secretary

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: 6/1/17

Date taking office: 6/1/17

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

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 - 8) Most recent bank statement

- 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? Yes No By-laws reviewed annually? Yes No

Member meetings held how often? Monthly Executive meetings held how often? Monthly

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

[Signature] 8/17/17
Signature Date

Amy Martinez 8-17-17
Signature Date

[Signature] 8/17/17
Signature Date

[Signature] 8/17/17
Signature Date

Site Administrator's Approval: [Signature]
Signature

8-18-17
Date

For district use:

Finance Department recommendation: approved
Governing Board Agenda date: 9/5/17

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

School Year 2017-2018

Name of Organization Amphi Panther Pride Booster Club School AHS

Related Student Organization or Club _____ Taxpayer I.D. 45-5196237

OFFICERS:

Name: Gale C. Cohen-Frank

Name: Barbara Yoha

Office Held: President

Office Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: 2015

Date taking office: 2015

Name: Thomas Frank

Name: Susan Light

Office Held: Vice President

Office Held: Secretary

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: 2015

Date taking office: 2015

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

- Formal Non-Profit Please Attach:
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 - 8) Most recent bank statement ✓

- 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? Yes No By-laws reviewed annually? Yes No

Member meetings held how often? As needed Executive meetings held how often? Only

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

[Signature] 7/24/17
Signature Date

[Signature] 7-24-17
Signature Date

[Signature] 7/24/17
Signature Date

[Signature] 7/24/17
Signature Date

Site Administrator's Approval: [Signature]
Signature

[Signature] 9/15/17
Date

For district use: Finance Department recommendation: approved
Governing Board Agenda date: 9/15/17

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

School Year 2017-2018

Name of Organization Harelson PTO School Harelson

Related Student Organization or Club _____ Taxpayer I.D. 86-0774736

OFFICERS:

Name: Lisa DaDeppo
Office Held: President
Address: _____

Name: Krista McEuen
Office Held: Treasurer
Address: _____

E-mail: _____
Phone(s): _____
Date taking office: 7/1/16

E-mail: _____
Phone(s): _____
Date taking office: 7/1/16

Name: Kelly Payne
Office Held: Vice President
Address: _____

Name: Mandy Quelland
Office Held: Vice President
Address: _____

Phone(s): _____
Date taking office: 7/1/17

Phone(s): _____
Date taking office: 7/1/17

Date taking office: July 1, 2017

Date taking office: July 1, 2017

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

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- Informal Non-Profit Please Attach:
 - 1) Annual budget, goals and objectives
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 - 4) Most recent bank statement

Are two signatures required on disbursements? Yes No By-laws reviewed annually? Yes No
Member meetings held how often? 5 times a year Executive meetings held how often? Monthly

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

Lisa DaDeppo 8/9/17
Signature Date

Krista McEuen 8/10/17
Signature Date

Kelly Payne 8/9/17
Signature Date

Mandy Quelland 8/9/17
Signature Date

Site Administrator's Approval: [Signature]
Signature

8/14/17
Date

For district use: Finance Department recommendation: approval
Governing Board Agenda date: 9/5/17