

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

School Year 2019-2020

Name of Organization La Cima PTO School La Cima Middle School

Related Student Organization or Club _____ Taxpayer I.D. 75-3072661

OFFICERS:

Name: Mary Coleen Hoffman Name: _____
Office Held: President Office Held: Treasurer
Address: _____ Address: _____

E-mail: _____ E-mail: _____
Phone(s): _____ Phone(s): _____
Date taking office: 8/18 Date taking office: _____

Name: Elizabeth Hinchliffe Name: _____
Office Held: Vice President Office Held: _____
Address: _____ Address: _____

Phone(s): _____ Phone(s): _____
Date taking office: 8/19 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? Monthly Executive meetings held how often? Yearly

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.

Mary C Hoffman 9/4/19 Signature Date
Elizabeth Hinchliffe 8/26/2019 Signature Date
 Site Administrator's Approval: [Signature] 9/17/19 Signature Date

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

School Year 2019-2020

Name of Organization Mesa Verde PTO School Mesa Verde Elementary

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

OFFICERS:

Name: Scott Lawrence
Office Held: President
Address: _____

Name: Vanessa Verduzco
Office Held: Treasurer
Address: _____

E-mail: _____
Phone(s): _____

E-mail: _____
Phone(s): _____

Date taking office: 9/18

Date taking office: 7/18

Name: Brianna McQuown
Office Held: Secretary
Address: _____

Name: _____
Office Held: _____
Address: _____

Phone(s): _____
Date taking office: 8/19

Phone(s): _____
Date taking office: _____

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 - ✓ 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? _____ Executive meetings held how often? _____

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 Operatton And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

[Signature] 8/21/19
Signature Date

[Signature] 8/21/19
Signature Date

Site Administrator's Approval: [Signature]
Signature

V Verduzco 8/21/19
Signature Date

[Signature] _____
Signature Date

9/11/19
Date

For district use: Finance Department recommendation: approval
Governing Board Agenda date: 10/8/19

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

School Year 2019-2020

Name of Organization Project Graduation CDO High School School Canyon del Oro HS
Related Student Organization or Club _____ Taxpayer I.D. 26-2470375

OFFICERS:

Name: Tiffany Bucciarelli Fay Name: Joeli Secrest

Office Held: President Office Held: Treasurer

Address: _____ Address: _____

E-mail: _____ E-mail: _____

Phone(s): _____ Phone(s): _____

Date taking office: 8/1/19 Date taking office: 9/1/17

Name: Larry Atkinson Name: _____

Office Held: _____ Office Held: _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

Date taking office: 9/1/16 Date taking office: _____

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- 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.

<u>[Signature]</u>	<u>8.28.19</u>	<u>[Signature]</u>	<u>8-28-2019</u>
Signature	Date	Signature	Date
<u>[Signature]</u>	<u>8/28/19</u>	<u>[Signature]</u>	<u>[Signature]</u>
Signature	Date	Signature	Date
Site Administrator's Approval: <u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Signature	Signature	Signature	Signature

For district use: Finance Department recommendation: approved
Governing Board Agenda date: 10/8/19

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

School Year 2019-2020

Name of Organization CDO Girls Soccer Booster Club

School CDO High School

Related Student Organization or Club _____

Taxpayer I.D. 47-5362780

OFFICERS:

Name: Kerry Hodgkinson

Name: Martina Ritzen

Office Held: President

Office Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: 7/30/18

Date taking office: 9/12/19

Name: Stephanie Black

Name: Stacy Gist

Office Held: Vice President

Office Held: Secretary

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: 9/12/19

Date taking office: 9/10/19

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

Formal Non-Profit

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Informal Non-Profit Please Attach:

- 1) Annual budget, goals and objectives
- 2) Current operating by-laws
- 3) Most recent treasurer's 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? 2 times

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

9-12-19
Date

[Signature]
Signature

9/10/2019
Date

[Signature]
Signature

9-12-19
Date

[Signature]
Signature

9/12/2019
Date

Site Administrator's Approval

[Signature]
Signature

9/12/19
Date

For district use:

Finance Department recommendation _____
Governing Board Agenda Item No. 18 Date 9/12/19

Lead 9/26