

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

School Year 2015-2016
 Name of Organization CDO Baseball Booster Club School Canyon del Oro HS
 Related Student Organization or Club _____ Taxpayer I.D. 52-7557164

OFFICERS:

Name: <u>Jim Peterson</u>	Name: <u>Jodi Benavides</u>
Office Held: <u>President</u>	Office Held: <u>Treasurer</u>
Address: <u>9276 N. Montierra Place</u> <u>Tucson, AZ 85742</u>	Address: <u>10875 N. Avenida Vallejo</u> <u>Oro Valley, AZ 85737</u>
E-mail: <u>Jim@ACCAZ.com</u>	E-mail: <u>RyJoBen@gmail.com</u>
Phone(s): <u>520-548-4008</u>	Phone(s): <u>520-225-7837</u>
Date taking office: <u>06/05/2015</u>	Date taking office: <u>06/05/2015</u>
Name: <u>Dawn Porter</u>	Name: <u>Jeff Bohnenkamp</u>
Office Held: <u>Secretary</u>	Office Held: <u>Vice President</u>
Address: <u>975 W. Samalayuca Dr.</u> <u>Tucson, AZ 85704</u>	Address: <u>10301 N. Cape Fear Lane</u> <u>Oro Valley, AZ 85737</u>
Phone(s): <u>520-270-9147</u>	Phone(s): <u>520-906-9956</u>
Date taking office: <u>06/05/2015</u>	Date taking office: <u>06/05/2015</u>

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

<u>Jim M. Peterson</u> <u>8/4/15</u> Signature Date	<u>Jodi Benavides</u> <u>8/4/15</u> Signature Date
<u>Dawn Porter</u> <u>8/4/15</u> Signature Date	<u>Jeff Bohnenkamp</u> <u>8/4/15</u> Signature Date
<u>Paul Decker</u> <u>8/5/15</u> Signature Date	

For district use:

Finance Department recommendation: approval
 Governing Board Agenda date: 8/25/15

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2015-2016Name of Organization Cross Middle School PTOSchool CROSS

Related Student Organization or Club _____

Taxpayer I.D. 80-0534224

OFFICERS:

Name: Lisa ShanksName: Leann CalvinOffice Held: PresidentOffice Held: TreasurerAddress: 921 W. Calle Casquilla
Tucson, AZ 85704Address: 303 W. King Rd
Tucson, AZ 85705E-mail: volunetric502@men.comE-mail: lkcalvin94@yahoo.comPhone(s): 520-548-3664Phone(s): 520-977-3391Date taking office: 5-12-15Date taking office: 5-12-15Name: Jenny Lowery

Name: _____

Office Held: Secretary

Office Held: _____

Address: 221 E. Kara Pl.
Tucson, AZ 85737

Address: _____

Phone(s): 520-548-3089

Phone(s): _____

Date taking office: 5.12.15

Date taking office: _____

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

☒ Formal Non-Profit Please Attach: ☒ 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 ☐ NoMember meetings held how often? 5/yr. 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 Lisa Shanks Date 7/15/15Signature Leann Calvin Date 7-30-15Signature [Signature] Date 7.15.15

Signature _____ Date _____

Site Administrator's Approval: [Signature] Signature _____Date 7-15-15 Date _____

For district use:

Finance Department recommendation: approvalGoverning Board Agenda date: 8/25/15

ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2015-2016Name of Organization Harelson Parent Teacher OrganizationSchool Harelson Elementary

Related Student Organization or Club _____

Taxpayer I.D. 86-0774736

OFFICERS:

Name: Jennifer AndersonName: John WalterOffice Held: PresidentOffice Held: TreasurerAddress: 39237 S. Mountain Shadow Dr.
Tucson, AZ 85739Address: 5560 N. Hopbush Pl.
Tucson, AZ 85704E-mail: jenanderson1@comcast.netE-mail: john.walter@gmail.comPhone(s): 520-404-5548Phone(s): 602-620-2790Date taking office: July 1, 2015Date taking office: July 1, 2014Name: Lisa DaDeppoName: Caryn WallOffice Held: Sr. Vice PresidentOffice Held: Vice PresidentAddress: 1861 W. Sage St.
Tucson, AZ 85704Address: 6622 N. Harran Dr.
Tucson, AZ 85704Phone(s): 520-271-8383Phone(s): 520-360-4894Date taking office: July 1, 2013Date taking office: July 1, 2015

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

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- 1) Annual budget, goals and objectives
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Are two signatures required on disbursements? ☒ Yes ☐ No By-laws reviewed annually? ☒ Yes ☐ NoMember meetings held how often? 5 times/school 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.

J Anderson 7/26/15
Signature Date

Lisa DaDeppo 7/26/15
Signature Date

Site Administrator's Approval: Liana Walker
Signature

Caryn Wall 7/26/15
Signature Date

John Walter 7/26/15
Signature Date

8.3.15
Date

For district use:

Finance Department recommendation: approvalGoverning Board Agenda date: 8/26/15

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2015-2016

Name of Organization IRHS Cheer Booster Club

School Ironwood Ridge HS

Related Student Organization or Club Cheer/Spiritline

Taxpayer I.D. 47-3635021

OFFICERS:

Name: Yara P Solorzano

Name: Frances Gonzalez

Office Held: President

Office Held: Treasurer

Address: 13075 N Toucan Dr
Oro Valley, AZ 85755

Address: 499 E Basket Carrier Way
Oro Valley, AZ 85755

E-mail: yara073@msn.com

E-mail: frances@j3net.com

Phone(s): 520-481-0289

Phone(s): 520-990-0482

Date taking office: 04/06/2015

Date taking office: 04/06/2015

Name: Jessica Rosario Del Valle

Name: Jill Odell

Office Held: Secretary

Office Held: Vice President

Address: Oro Valley, AZ 85737

Address: 1016 W Leatherleaf Dr
Oro Valley, AZ 85755

Phone(s): 334-470-7336

Phone(s): 520-982-0508

Date taking office: 07/01/2015

Date taking office: 04/06/2015

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Member meetings held how often? Monthly 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 Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

Yara P Solorzano 8/3/15
Signature Date

Frances Gonzalez 8/3/15
Signature Date

Site Administrator's Approval: [Signature]
Signature

Jill Odell 8/3/15
Signature Date

Signature Date

8-3-15
Date

For district use:

Finance Department recommendation: approved

Governing Board Agenda date: 8/25/15

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2015-16Name of Organization PAINTED SKY PTOSchool Painted Sky

Related Student Organization or Club _____

Taxpayer I.D. 86-1002763

OFFICERS:

Name: Louisa RandallOffice Held: PresidentAddress: 12828 N. Yellow Orchid DriveE-mail: weezee74@hotmail.comPhone(s): 520-820-1774Date taking office: 07/01/15Name: Christine FimbresOffice Held: SecretaryAddress: 12800 N. Bandanna Way
Oro Valley, AZ 85755Phone(s): 520-390-5724Date taking office: 07/01/15Name: Kristine HoeyOffice Held: TreasurerAddress: 302 W. Vistoso Highway
Highlands Dr
Oro Valley, AZ 85755E-mail: hoeycpa@msn.comPhone(s): 520-404-0117Date taking office: 07/01/15Name: Rebecca FordOffice Held: VP

Address: _____

Phone(s): 520-440-2621Date taking office: 07/01/15

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Are two signatures required on disbursements? ☒ Yes ☐ No By-laws reviewed annually? ☒ Yes ☐ NoMember 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.

Lou Randall 08-03-15
Signature Date

Kristine Hoey 8/4/15
Signature Date

Site Administrator's Approval: Mindy Brallas Oden
Signature

R Ford 8-3-15
Signature Date

C Fimbres 8-5-15
Signature Date

8/6/15
Date

For district use:

Finance Department recommendation: approvedGoverning Board Agenda date: 8/25/15

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2015/2016Name of Organization Prince PTOSchool LM Prince

Related Student Organization or Club _____

Taxpayer I.D. 20-5606678**OFFICERS:****Name:** _____**Name:** Tiffin GarciaOffice Held: PresidentOffice Held: Treasurer

Address: _____

Address: 1339 S. Durham DrTucson, AZ 85713

E-mail: _____

E-mail: tigarcia@amphi.com

Phone(s): _____

Phone(s): 520-909-2337

Date taking office: _____

Date taking office: 8-3-15**Name:** _____**Name:** _____

Office Held: _____

Office Held: _____

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: _____

Date taking office: _____

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Tiffin Garcia 8/3/15
 Signature Date

 Signature Date

 Signature Date

Site Administrator's Approval: [Signature]
 Signature

 Signature Date

8/3/15
 Date

For district use:

Finance Department recommendation:

Governing Board Agenda date:

Approval
8/25/15