



**GOVERNING BOARD AGENDA ITEM**  
**AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10**

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**DATE OF MEETING:**        **September 23, 2025**

**TITLE:**        **Approval of Parent Support Organization(s) – 2025-2026**

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**BACKGROUND:**

Approval of the following Parent Support Organization(s) pursuant to District Procedure 4-102.A:

Painted Sky PTO  
CDO Swimming Booster  
Walker Elementary PTO  
Keeling PTO  
Prince PTO  
Harelson PTO  
Donaldson Elementary PTO  
CDO Womans Soccer Booster  
IRHS Girls Basketball Booster  
CDO Wrestling Booster  
Holaway Elementary PTO

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**RECOMMENDATION:**

It is the recommendation of the Administration that the Governing Board approve these changes to the list of approved parent support organizations.

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**INITIATED BY:**

*Scott Little*

Scott Little, Chief Financial Officer

Date: September 16, 2025

*Todd A. Jaeger*

Todd A. Jaeger, J.D., Superintendent

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

School Year 2025 - 2026

Name of Organization Painted Sky PTO

School Painted Sky Elementary

Related Student Organization or Club \_\_\_\_\_

Taxpayer I.D. 86-1002763

**OFFICERS:**

**Name:** Jami Oakes

**Name:** Jennifer Roberts

Office Held: President

Office Held: Treasurer

Address: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 07/01/25

Date taking office: 07/01/25

**Name:** Jenn Price

**Name:** Cara Pietsch

Office Held: Vice President

Office Held: Secretary

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 07/01/25

Date taking office: 07/01/25



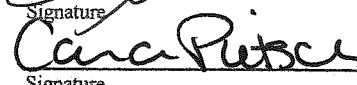

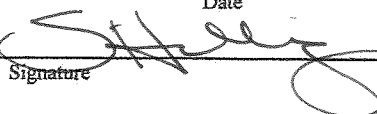
FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

- ☐ **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>8/22/25</u>		<u>8/22/25</u>
Signature	Date	Signature	Date
	<u>8/22/25</u>		<u>8/22/25</u>
Signature	Date	Signature	Date
Site Administrator's Approval: 		<u>8/22/25</u>	
Signature		Date	

For district use:

Finance Department recommendation: approval

Governing Board Agenda date: 9/23/25

# AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

## ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2025 - 2026Name of Organization CDO Swimming BoosterSchool Canyon del Oro High Sch

Related Student Organization or Club \_\_\_\_\_

Taxpayer I.D. 87-2285808**OFFICERS:****Name:** Anthony Ferrara**Name:** Kurt WeibelOffice Held: PresidentOffice Held: Treasurer

Address: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 09/01/21Date taking office: 11/05/24**Name:** Julie Crawford**Name:** Brenda PearsonOffice Held: Vice PresidentOffice Held: Secretary

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 11/05/24Date taking office: 08/17/23

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

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- 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? 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 Organization 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

Date

Signature

Date

Signature

Date

Signature

Date

Site Administrator's Approval: Tara Bullyh

Signature

Date

For district use:

Finance Department recommendation: approvalGoverning Board Agenda date: 9/23/25

# AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

## ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2025 - 2026Name of Organization Walker Elementary PTOSchool Walker Elementary

Related Student Organization or Club \_\_\_\_\_

Taxpayer I.D. 87-3376292**OFFICERS:****Name:** Keri Pelphrey**Name:** Halle LordOffice Held: PresidentOffice Held: Treasurer

Address: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 05/01/25Date taking office: 05/01/25**Name:** \_\_\_\_\_**Name:** Melissa Harris

Office Held: \_\_\_\_\_

Office Held: Secretary

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: 05/01/25

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

- ☐ Formal Non-Profit Please Attach:
- 1) Articles of Incorporation (*first year only*)
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  - 5) Last fiscal year AZ Corporation Commission Annual Report
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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 ☐ NoMember meetings held how often? Monthly Executive meetings held how often? Monthly as needed

*As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Organization 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.*

Keri Pelphrey 8/21/2025

Signature

Date

Halle Lord 8/21/25

Signature

Date

Signature

Date

Signature

Date

Site Administrator's Approval:

Signature

Date

For district use:

Finance Department recommendation: approvedGoverning Board Agenda date: 9/23/25

SEP 12 '25 AM 11:02

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

School Year 2025 - 2026

Name of Organization Keeling PTO School Keeling Elementary

Related Student Organization or Club \_\_\_\_\_ Taxpayer I.D. 46-0920153

OFFICERS:

Name: <u>Brandy Saldana</u>	Name: <u>Brandi White</u>
Office Held: <u>President</u>	Office Held: <u>Treasurer</u>
Address: _____	Address: _____

E-mail: _____	E-mail: _____
Phone(s): _____	Phone(s): _____
Date taking office: <u>08/27/18</u>	Date taking office: <u>08/06/25</u>

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:
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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.

<u>Brandy Saldana</u>	<u>8/6/2025</u>	<u>Bl White</u>	<u>8/27/25</u>
Signature	Date	Signature	Date

Signature	Date	Signature	Date
<u>Annette Belup</u>	<u>8/27/25</u>		
Site Administrator's Approval:	Signature	Date	

SEP 12 '25 4:10:04

For district use: Finance Department recommendation: approval  
Governing Board Agenda date: 9/23/25

# AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

## ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

Print Form

School Year 2025 - 2026

Name of Organization Prince PTO

Related Student Organization or Club \_\_\_\_\_

School Prince Elementary

Taxpayer I.D. 20-5606678

### OFFICERS:

**Name:** Jerrell Guerry

**Office Held:** President

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Date taking office:** 08/27/24

**Name:** Michael Doyle

**Office Held:** Vice President

**Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Date taking office:** 09/03/25

**Name:** Taylor Williams

**Office Held:** Treasurer

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Date taking office:** 09/03/25

**Name:** Sara Olivares

**Office Held:** Secretary

**Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Date taking office:** 09/03/25

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

FOR ADDITIONAL OFFICERS, PLEASE

- ☐ 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
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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? \_\_\_\_\_

*As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Organization 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>J Guerry</u> Signature	<u>9-3-2025</u> Date	<u>[Signature]</u> Signature	<u>9-3-25</u> Date
<u>[Signature]</u> Signature	<u>9-3-25</u> Date	<u>[Signature]</u> Signature	<u>[Signature]</u> Date
Site Administrator's Approval: <u>S Doyle</u> Signature		<u>9-3-2025</u> Date	

SEP 12/25 #01102

For district use:

Finance Department recommendation: approved

Governing Board Agenda date: 9/23/25

# AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

## ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2025 - 2026Name of Organization Harelson PTOSchool Harelson Elementary

Related Student Organization or Club \_\_\_\_\_

Taxpayer I.D. 86-0774736

## OFFICERS:

Name: Kate Price

Name: \_\_\_\_\_

Office Held: PresidentOffice Held: Treasurer

Address: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 09/11/24

Date taking office: \_\_\_\_\_

Name: Ivy SuftcoName: Maggie PaddockOffice Held: Vice PresidentOffice Held: Secretary

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 08/01/25Date taking office: 08/01/25

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

- ☒ Formal Non-Profit Please Attach:
- 1) Articles of Incorporation (first year only)
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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 ☐ NoMember meetings held how often? Quarterly 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 Organization 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: \_\_\_\_\_ Date: 9/16/25

Signature: \_\_\_\_\_ Date: 9/16/25

Signature: \_\_\_\_\_ Date: 9/16/25

Signature: \_\_\_\_\_ Date: 9/16/25

Site Administrator's Approval: L Hayes  
Signature

9/16/25  
Date

For district use:

Finance Department recommendation: ApprovedGoverning Board Agenda date: 9/23/25

SEP 16 25 PM 1:21

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

School Year 2025 - 2026Name of Organization Donaldson Elementary PTOSchool Donaldson Elementary

Related Student Organization or Club \_\_\_\_\_

Taxpayer I.D. 86-0800096**OFFICERS:****Name:** Yurianna Espinoza**Name:** Brittney RogersOffice Held: PresidentOffice Held: Treasurer

Address: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 08/18/25Date taking office: 08/18/25**Name:** Logan Peterson**Name:** Eric JoffeOffice Held: Vice PresidentOffice Held: Secretary

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 08/18/25Date taking office: 08/18/25

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

- ☐ **Formal Non-Profit** Please Attach:
- 1) Articles of Incorporation (*first year only*)
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  - 8) Most recent bank statement
- ☒ **Informal Non-Profit** Please Attach:
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  - 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? 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 Organization 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

Date

Signature

Date

Signature

Date

Signature

Date

Site Administrator's Approval: \_\_\_\_\_

Signature

Date

For district use:

Finance Department recommendation: approvedGoverning Board Agenda date: 9/22/25



# AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

## ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2025 - 2026Name of Organization CDO Womens Soccer BoosterSchool Canyon del Oro High Sch

Related Student Organization or Club \_\_\_\_\_

Taxpayer I.D. 88-3340180**OFFICERS:****Name:** Melinda Ferrall**Name:** Lyndsay CruceOffice Held: PresidentOffice Held: Treasurer

Address: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 03/10/25Date taking office: 03/26/24**Name:** Selah Delgado**Name:** \_\_\_\_\_Office Held: Vice President

Office Held: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 03/10/25

Date taking office: \_\_\_\_\_

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

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  - 8) Most recent bank statement

- ☐ Informal Non-Profit Please Attach:
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  - 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.*

Melinda Ferrall Keck 9/5/25

Signature

Date

S. Delgado 9/5/25

Signature

Date

Lyndsay Cruce 9/5/25

Signature

Date

Signature

Date

Site Administrator's Approval: \_\_\_\_\_

Signature

Tana Bullock 9/12/25

Date

For district use:

Finance Department recommendation: approvalGoverning Board Agenda date: 9/23/25

# AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

## ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2025 - 2026Name of Organization IRHS Girls Basketball Booster School Ironwood Ridge High SchRelated Student Organization or Club \_\_\_\_\_ Taxpayer I.D. 88-4018236

## OFFICERS:

Name: Pamela ElslagerOffice Held: President

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 09/01/22Name: Nicole PearceOffice Held: Vice President

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 08/24/25Name: Ben ChulickOffice Held: Treasurer

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 09/01/22Name: Fred PearceOffice Held: Secretary

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 08/08/25

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

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  - 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? 3/year Executive meetings held how often? 1/year

*As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Organization 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

Date

Signature

Date

Signature

Date

Signature

Date

Site Administrator's Approval: \_\_\_\_\_

Signature

Date

For district use:

Finance Department recommendation: approvedGoverning Board Agenda date: 9/23/25

# AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

## ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2025 - 2026Name of Organization CDO Wrestling BoosterSchool Canyon del Oro High Sch

Related Student Organization or Club \_\_\_\_\_

Taxpayer I.D. 93-4503962**OFFICERS:****Name:** David Korn**Name:** Jennifer ComerOffice Held: PresidentOffice Held: Treasurer

Address: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 02/01/24Date taking office: 02/01/24**Name:** Sandy Garcia**Name:** Christina WolfOffice Held: Vice PresidentOffice Held: Secretary

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 08/21/25Date taking office: 02/01/24

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

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  - 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? As Needed

*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

Date

Date

Signature

Signature

Date

Date

Site Administrator's Approval:

Signature

Date

For district use:

Finance Department recommendation: approvedGoverning Board Agenda date: 9/23/25

# AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

## ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2025 - 2026Name of Organization Holaway Elementary PTOSchool Holaway Elementary

Related Student Organization or Club \_\_\_\_\_

Taxpayer I.D. 85-3430661**OFFICERS:****Name:** Jessi Erickson**Name:** Amanda GriffinOffice Held: PresidentOffice Held: Treasurer

Address: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 06/30/23Date taking office: 06/30/23**Name:** Caitlin Provencio**Name:** \_\_\_\_\_Office Held: Secretary

Office Held: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date taking office: 08/07/25

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 ☐ NoBy-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 Organization 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

Date

Signature

Date

Signature

Date

Signature

Date

Site Administrator's Approval:

Signature

Date

For district use:

Finance Department recommendation: approvedGoverning Board Agenda date: 9/23/25

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