

This is a request for sanctioning by the Applicant to the Board of Education of the Broken Arrow Public Schools pursuant to which the funds collected by the Applicant are exempt from the statutory controls over school activity funds. The Applicant is a student achievement program or a parent-teacher association or organization.

Name of Applicant Group: Arrownead El	ementaby PTA			
Applicant's Address: 915 W. Norman	St. Broken Arrow OK 74012			
Applicant's Taxpayer I.D. No.:	83-7/2/180			
	Applicant's Representative from whom additional information may be obtained:			
Elizabeth Brooks				
Applicant's Telephone Number: 605 - 695 - 6095				
President	Treasurer			
Name: Elizabeth Brooks	Name: Bamantha White-Berry			
Address: 1157 N Hickory Ave	Address: 1158 N. Gum ALC			
Broken Arrow OK 74012	Broken Amow OK 14012			
Phone: 403-695-6095	Phone: 918 - 240 - 3147			
Email: <u>elizabeth k brooks Chotmail.com</u>	Email: Mantha 13 Skittles egmail.com			

Has the organization provided any payments to district employees during the past 12 months? \_\_\_\_Yes  $\swarrow$  No Have you attached copies of your most recent tax filings & 1099s?  $\checkmark$  Yes  $\checkmark$  No





Applicant acknowledges that the Board of Education has the discretion to sanction or decline to sanction the Applicant, and the decision of the Board of Education is final and non-appealable. Applicant further acknowledges that (a) the Board of Education may, at any time, request the records maintained by the Applicant, which records Applicant will promptly make available, and (b) the Board of Education may, at any time it believes it is in the best interest of the School District to do so, withdraw sanctioning, and the decision of the Board of Education is final and non-appealable.

Applicant also acknowledges that, in order for the School District to consider whether to maintain the sanctioning action of Applicant, Applicant shall provide to the Board of Education, upon request, on an annual basis, by August 1 of each year, the audit report, if any, for Applicant's recently ended fiscal year, prepared by an independent accounting firm.

Instructions to Applicant:

- 1. Complete this application. Please print or type.
- 2. Attach Applicant's most recent financial audit report, if any.
- 3. Sign and date this application.
- 4. Deliver this application to:

Natalie Eneff, Chief Financial Officer Marsha Janey, Administrative Assistant to CFO 701 S. Main Street Broken Arrow, OK 74012 918-259-5769

Elizabeth K. Brooks

(Print Name of Representative of Applicant)

Signature of Representative



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Name of Applicant Group: Agen Crook Elennentary PTA
Applicant's Address: 2800 W. Flurence St. BA, OK 74011
Applicant's Taxpayer I.D. No.: 90 - 09 9 3544

Applicant's Representative from whom additional information may be obtained:

Angela Kellen	
Applicant's Telephone Number: <u>918 - 26</u>	9 - 4410
President	Treasurer
Name: Johanna Winner	Name: Angela Kelley
Address: 4032 W, 202 notes	Address: 2311 W. Waco Ct.
BA, 0K 74011	
Phone: 918-407-9758	Phone: 918-259-4410
Email: <u>Chefjo3@hotmail.cum</u>	Email: <u>Angie Kelley 2 egnail.com</u>

Has the organization provided any payments to district employees during the past 12 months? \_\_\_\_Yes <u>\_\_\_</u> No Have you attached copies of your most recent tax filings & 1099s? <u>X</u>\_Yes \_\_\_\_ No



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hanna Winner (Print Name of Representative of Applicant)

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Name of Applicant Group: Wunty Lane Intermediate PTA				
Applicant's Address: 251 E Dmaha	a GA Broken Arrow, OK 74012			
Applicant's Taxpayer I.D. No.: 3005 445	18			
Applicant's Representative from whom additional	information may be obtained:			
Applicant's Telephone Number: 501 475 6286				
President	Treasurer			
Name: Staccy Martin	Name: Lindsey Landrum			
Address: 16612 E 43rd Gt	Address: 18239 E 50th Pl			
Thisa, DK 74134	Tulsa, OK 74134			
Phone: 501 475 6286	Phone: 918 269 0215			

Email: Stacey martin 10200 gmail Com lindsey landrum e yahoo. com

Has the organization provided any payments to district employees during the past 12 months? \_\_\_Yes X No Have you attached copies of your most recent tax filings & 1099s? YYes \_\_\_No



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(Print Na of Representative of Applicant) esentative

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Name of Applicant G	roup: <u>C0</u>	untr	y Lane	Prim	ary	PTA	
Applicant's Address: _	301	E	Dmaha	, BA	, DK	74012	
Applicant's Taxpayer I	.D. No.:	3-14	125747	,			

Applicant's Representative from whom additional information may be obtained:

Lisa Carpenter a	- Lauren Barr
Applicant's Telephone Number: 918 -	812-2579
President	Treasurer
Name: Lisa Carpenter	Name: Candice Groves
Address: 20784 E 344	<u>Name: Condice Groves</u> <u>b PI 3 Address: 16 B16 E 42nd P1</u>
	Two, OK 74134
Phone: 918 - 812 - 2570	Phone: 918-260-1697
Email: 115052009@gm	ail. OMEmail: CMGroves9@yahop.com
• •	to district employees during the past 12 months?Yes $X$ No

Have you attached copies of your most recent tax filings & 1099s? \_\_\_\_ Yes  $\_$  Xo



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Name of Applicant Group: Creekwoo	d PTA			
Applicant's Address: 1301 C. Albany	1 St. Broken AMOW OK 74012			
Applicant's Taxpayer I.D. No.: 352476009				
Applicant's Representative from whom additional information may be obtained: Kaleea Vincent				
Applicant's Telephone Number: 405 334 1	10024			
President	Treasurer			
Name: Kaleea Vincent	Name: Linda Miller			
Address: 1612 C. Fargo St.	Address: 1028 C. Fargo St.			
Broken Anow OK74012	Broken Anow OK 74012			
Phone: 405334 6024	Phone: (918) 520 8124			
Email: MOGGIEQOCSSTULSA. COM	Email: Indacmil@gmail.com			
Has the organization provided any payments to distric	t employees during the past 12 months?Yes 🚩 No			

Have you attached copies of your most recent tax filings & 1099s? Yes \_\_\_\_ No



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(Print Name of Representative of Applicant) Signature of Representative

(Date

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Name of Applicant Group: Highland Park Flementary PTA	_
Applicant's Address: 7200 E QUINCY PI Broken Aman, OK 74014	_
Applicant's Taxpayer I.D. No.: 35-2445771	

Applicant's Representative from whom additional information may be obtained:

Rebekan	Allison

Applicant's Telephone Number:	405-	24	15-1	437	38	

President	Treasurer
Name: Rebekah Allison	Name: Chels-up DSDUM
Address: 7119 E Oak Ridge St	Address: 28787 E 101-ASAS
Broken Arrow, OK 14014	Careta, DK 74429
Phone: 405-245-4338	Phone: 918-944-3637
Email: beka. allison Cgmail.com	Email: <u>Chelsey. osborn Begnuil.</u> com
the organization provided any payments to district	temployees during the past 12 months? Yes $\mathbf{X}$ No

Has the organization provided any payments to district employees during the past 12 months? \_\_\_Yes X No Have you attached copies of your most recent tax filings & 1099s? Yes \_\_\_No



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(Print Name of Representative of Applicant)

(Date)

Signature of Representative

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Name of Applicant Group: ULISUME PAR	1
Applicant's Address: 4300 S Jump	er Pl. Broken Array OK 74611
Applicant's Taxpayer I.D. No.: 73 341840	
Applicant's Representative from whom additional info	•
Applicant's Telephone Number: (118) 3	\$1-53\$3
President Name: JUNNIFCY Chappell Address: <u>5400 S Poplar And</u> <u>Broken Amrw, OK 74011</u> Phone: ( <u>918</u> ) <u>381-5383</u> Email: <u>Wjchappell &amp; Ymall.com</u>	Treasurer Name: <u>TEAN WASHINGTON</u> Address: <u>4008 S LIONS</u> <u>Broken Anow OK 74011</u> Phone: <u>(918) 403 SOI4</u> Email: <u>tywashington Elive um</u>

Has the organization provided any payments to district employees during the past 12 months? \_\_\_\_Yes  $\checkmark$  No Have you attached copies of your most recent tax filings & 1099s?  $\checkmark$  Yes \_\_\_\_ No



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Jennikk

(Print Name of Representative of Applicant)

Signature of Representation

9 3 34 (Date)



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Name of Applicant Group: () berty
Applicant's Address: 4300 52097 EAVE BA, OK 74014
Applicant's Taxpayer I.D. No.: 260079815
Applicant's Representative from whom additional information may be obtained: Savah Shodqrass
Applicant's Telephone Number: 918-606-1279
President
Name: <u>Sarah Snodgrass</u> Name: <u>Emily</u> <u>Mastro</u> pietro
Address: autras C41Sts Address: 4908 N 34th CH
Broken Prrow OK 74014 Broken Arrow OK 74014
Phone: 918-606-1279 Phone: 918-521-610
Email: <u>Sasnod @ gmail</u> con Email: <u>Emily-m1@cox.net</u>

Has the organization provided any payments to district employees during the past 12 months? \_\_\_\_Yes  $\chi$ \_ No Have you attached copies of your most recent tax filings & 1099s? \_\_\_\_Yes \_\_\_\_No



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Sarah Snudgrass

(Print Name of Representative of Applicant)

9103 (Date)

Signature of Representative