

Name of Applicant Group: Day Crest Elementery PTA	
Applicant's Address: 405 E. Richmond B.A., OK	
Applicant's Taxpayer I.D. No.: 11008	
Applicant's Representative from whom additional information may be obtained:	
Melissa mcMillian	
Applicant's Telephone Number: 918 - 810 - 75 43	
President Treasurer	
Name: Brand: Turner Name: Jane Wisenhut	
Address: 228 W. Charleston Address: 40 W. Vicusburg St.	
Phone: 918-419-7944 Phone: 018-408-0076	_
Phone: 918-419-7944 Phone: 018-808-0076 Email: fancyb19@gmail.com Email: fancyb19@gmail.com Email: gare n. whisenhunt@gmail.com	J
Has the organization provided any payments to district employees during the past 12 months?tes no	
Have you attached copies of your most recent tax fillings & 1099s? Yes 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:

- Complete this application. Please print or type.
- Attach Applicant's most recent financial audit report, if any.
- 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

(Print Name of Representative of Applicant)

(Date)

ignature of Representative



Name of Applicant Group: KNOODES Flementary
Applicant's Address: 11000 320 E MICHAUL BYOKEN Arrow, OK 740K
Applicant's Taxpayer I.D. No.: 23-7115278
Applicant's Representative from whom additional information may be obtained:
Applicant's Telephone Number: 918-902-0696
Name: Desiver Brazi) Name: Candice Bush Address: 804 W Chayleston Address: 233 E Elgin St
St, Broken Arrow, OK 74011 Broken Arrow, OK 74012 Phone: 918-902-0696 Phone: 918-728-0014
Email: MYSOLOVUZI 1090 Email: Candice, bush 100
Has the organization provided any payments to district employees during the past 12 months?YesNo Have you attached copies of your most recent tax filings & 1099s?YesNo



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(Print Name of Representative of Applicant)

Signature of Representative

(Date)



Name of Applicant Group: 4-0560000 YTP
Applicant's Address: 4300 E Gary Street
Applicant's Taxpayer I.D. No.: 862459121
Applicant's Representative from whom additional information may be obtained:
Natalie Daniels
Applicant's Telephone Number: 089-9303
President Treasurer
Name: NATALIC DANIUS Name: HALL Storm
Address: 1906 E. Kent St Address: 2509 5.16th Ct.
BD, OK 14012 BA, OK 14012
Phone: 018-688-6363 Phone: 018-527-657
Email: natalic mint dropper Email: halle pstorm @ amail. com
Has the organization provided any payments to district employees during the past 12 months?YesX_ No
Have you attached copies of your most recent tax filings & 1099s? X Yes No
www.if and attended are now Board Ballow #6005, to follow proper bookkeeping procedures and to ensure



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Natalie Daniels
(Print Name of Representative of Applicant)
Natalie Daniels

Date)



Name of Applicant Group: Spring Cre	ck Elementary			
Applicant's Address: UBOIS 3rd	St Broken Arrow OK 74011			
Applicant's Taxpayer I.D. No.: 13-13222	-11			
Applicant's Representative from whom additional inf	formation may be obtained:			
Stephanie Sams				
Applicant's Telephone Number: 918 · 698 · 2223				
President	Treasurer			
Name: Stephanie Sams	Name: Christina Ablet			
Address: 412 W Quanah St	Address: 7200 S Birch Ave			
Broken Arrow OK 74011	Broken Arrow Of 74011			
Phone: 918.698.2223	Phone: 918.527.7954			
Email: Stephanie Sams 725 Eyahoo.com	Email: brian.able/ecox.net			
E YANDO. COM Has the organization provided any payments to distric	t employees during the past 12 months?Yes <a>Yes No			
Have you attached copies of your most recent tax fili				



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Stephanie Sams
(Print Name of Representative of Applicant)

Stephanie Sams
(Date)



Name of Applicant Group: Timber 2	idao PTA
Applicant's Address: 3500 E V	enesha St
Applicant's Taxpayer I.D. No.: 82-2008	dif
Applicant's Representative from whom additional inf	ormation may be obtained:
Applicant's Telephone Number: 918 - 1976	5-1049
President	Treasurer
Name: Jia Samuel	Name: Jonae Cultell
Address: 1213 N. 80th St	Address:
BA OK 74014	
Phone: 918-025-1049	Phone: 918-720-5405
Email: Tig. Sumuel of a gmail.	Email: janae Castell Cymail. com
	t employees during the past 12 months?Yes 🗶 No
Have you attached copies of your most recent tax fili	ngs & 1099s? 💢 Yes No



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(Print Name of Representative of Applicant)

(Date)



Name of Applicant Group: Vandever	YTA ATY	
	ons Ave Brolen Arrow, i	JK 74012
Applicant's Taxpayer I.D. No.: <u>13-10148</u>	67	
Applicant's Representative from whom additional info	ormation may be obtained:	
Jessica Dickerson	ingell	
Applicant's Telephone Number: 850 304	150G	
President	Treasurer	
Name: Jessica Dickerson	Name: Diane Wade	
Address: 1516 W DelmarSt	Address: 2403 5 HickoryAve	
Broken Amow, OK 74012	Broken Arrow, OK 74012	
Phone: (850) 304 - 1506	Phone: (918) 955-1554	
9 0 0	Email: diane 3111@ yahoo.com	
Has the organization provided any payments to district	t employees during the past 12 months?Yes 🔽 No	
Have you attached copies of your most recent tax fills	ngs & 1099s? 👱 Yes No	



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(Print-Name of Representative of Applicant)

(Dai

Į.



Name of Applicant Group:	WOH	Creek	Elementary PTA	
Applicant's Address:	3000 WI	New	Orleans St., BA, OK	<u>74</u> 011
Applicant's Taxpayer I.D. No.	73-13	8333	2	
Applicant's Representative f				
Tamm	Thoma	<u> </u>	Commence of the Commence of th	
Applicant's Telephone Num			4510	···
President			Treasurer	
Name: Tammy	Thomas	Name	Laura Jones	
Address: 3000 V	V. New Orlea	ns Sl. Addr	ess: 3000 W. New Orleans	s St.
BAOK	74011		BA,OK 74011	
Phone: 918-40°	8-8455	Phon	e: 417-496-1434	
Email: president	Wolfcreicpta and	@ Email	. Wolfcreek platreasurer	@grouil.com
Has the organization provide	d any payments to	district empl	byees during the past 12 months?Yes	No <u>ط</u>
Have you attached copies of				



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Tammy Thomas

(Print Name of Representative of Applicant)

Jammy Hows

Signature of Representative