School	South Todd				
Activity Account	Jump Rope for heart				
External Support/Booster Organization	American Heart Association				
Name of Fundraiser	Jump Rope for heart				
Sponsor	American Heart Association				
Date Submitted	####				
Purpose of fundraising activity:	(What will the funds be used for? Be specific)			
All proceeds will go to the American Heart Associat	tion				
				1900	
E. Constant of the Constant of					
Items to be sold:	,		ű.		
Donations taken so students can win prizes given by	y the American Heart Association				
Beneficiary of fundraising activity:	(Who will receive the benefit of the funds)				
American Heart Association					91
American Atom Crossession				100	
Date(s) scheduled:					
February					
Names of adult supervisors at activity (chaperones,	custodians, etc.):				
Robin Cardwell		-			
Athletic Fundraiser		Yes		No	X
If yes, sport involved:					
Corresponding sport participating in fundraiser?		Yes		No	X
Mills Clerking			- D	SALES I	
Coaches Signature (corresponding sport)		-	Date	1100000000	
Circle One: Approved	Not Approved		Date		*
1)00(20					
Principal			Date		
-	19				
SBDM Council (If Council Policy)			Date		
Superintendent			Date		

School	North Todd Elementary School		
Activity Account	PTO -	· · · · · · · · · · · · · · · · · · ·	
External Support/Booster Organization			
Name of Fundraiser	cookbook sales		
Sponsor	C. Orr		
Date Submitted	1/5/2015	TO A STATE OF THE	
Purpose of fundraising activity:	(What will the funds be used for? B	e specific)	
The funds from this activity will be used to p	ourchase classroom supplies and studen	t materials	
Items to be sold: community-submitted recipes will be compil	ed into a North Todd cookbook, which	will be sold	in the fall.
Beneficiary of fundraising activity:	(Who will receive the benefit of the	funds)	
NTES students			
Date(s) scheduled: recipes for the cookbook will be collected Ja and will be sold in September 2015.	nuary - April 2015. Cookbooks will be:	sent off for	publishing
Names of adult supervisors at activity (chap-	erones, custodians, etc.):		
PTO officers and Contessa Orr			
Athletic Fundraiser		V	NI - V
If yes, sport involved:		Yes	No X
Corresponding sport participating in fundra	riser?	Yes	No X
Coaches Signature (corresponding sport)			Date
Circle One: Approved	Not Approved		
	* *		Date
Contessa Orr			1/5/2015
Principal			Date
SBDM Council (If Council Policy)	The state of the s		Date
•			
Superintendent			Date

School	North Todd Elementary School			
Activity Account	student materials			
External Support/Booster Organization				
Name of Fundraiser	jewelry/scarves - Paragon			
Sponsor	C. Orr			
Date Submitted	1/5/2015			
Purpose of fundraising activity:	(What will the funds be used for? Be s	specific)		
The funds from this activity will be used to p	ourchase technology supplies and student i	materials		
		NO.		
Items to be sold: catalog order - jewelry, scarves, accessories				
Beneficiary of fundraising activity:	(Who will receive the benefit of the fu	nds)		٧
NTES students		W		

Date(s) scheduled: 2/19/2015 Names of adult supervisors at activity (chape	erones, custodians, etc.):			
Athletic Fundraiser		Yes	T 1	No X
If yes, sport involved:		1 68	Ш	No X
Corresponding sport participating in fundra	iser?	Yes		No X
Corresponding sport participating in innura		1 68	Ш	110 A
Coaches Signature (corresponding sport)			Da	te
- 2-3 (-2017-2017	econoccus militares de constitución de la constituc		Ба	-
Circle One: Approved	Not Approved			
	-		Date	
Pontessa Orr				1/5/2015
Principal			Da	
•			- 	
SBDM Council (If Council Policy)	SOCIOCO POR TOTAL DE CONTROL DE C		Da	te
Superintendent			Da	te
- apermienaent			Da	~~

School	North Todd Elementary School			
Activity Account	student materials			
External Support/Booster Organization				
Name of Fundraiser	popcorn sales			
Sponsor	C. Orr			
Date Submitted	1/5/2015			
Purpose of fundraising activity:	(What will the funds be used for? Be	specific)		
The funds from this activity will be used to p	purchase technology items and consumabl	e student	materials	5
Items to be sold:				
popcorn				
Beneficiary of fundraising activity:	(Who will receive the benefit of the fu	ınds)		
NTES students				

Date(s) scheduled: Jan. 22, Feb 19, March 24, April 23			300 m04000001 b070 b-07240 b00	
Names of adult supervisors at activity (chap	erones, custodians, etc.):			
Contessa Orr and Teressa Shemwell				
AULE E				p.T. Fee
Athletic Fundraiser		Yes		No X
If yes, sport involved:	Page	***		NI S
Corresponding sport participating in fundra	aiser?	Yes		No X
Coaches Signature (corresponding sport)			Dat	te
- B (controllanding about)				
Circle One: <u>Approved</u>	Not Approved			
_	•		Date	
Pontessa Orr			1	1/5/2015
Principal			Dat	te
	,			
SBDM Council (If Council Policy)			Da	te
Superintendent			Da	te