

FLOYD COUNTY BOARD OF EDUCATION
Danny Adkins, Superintendent
106 North Front Avenue
Prestonsburg, Kentucky 41653
Telephone (606) 886-2354 Fax (606) 886-4550
www.floyd.kyschools.us

Sherry Robinson- Chair - District 5
Dr. Chandra Varia, Vice-Chair - District 2
Linda C. Gearheart, Member - District 1
William Newsome, Jr., Member - District 3
Rhonda Meade, Member - District 4

Issue Paper

Date: July 6, 2018

Action/Discussion Item: Approve Prestonsburg Elementary School PTA to fundraise for and provide materials and financial support for Prestonsburg Elementary School during the 2018-19 School Year and use PES' facilities as needed for this request.

Applicable Statutes or Regulation: Kentucky Administrative Regulation 702 KAR:3:130. Board Policy 05.31 – Application and Agreement for Use of District Property.

Issue: Kentucky Administrative Regulation 702 KAR:3:130 requires the local Board of Education to recognize and approve outside agencies before allowing fundraising and acceptance of items to take place. Board Policy also states that outside agencies must have a facility use agreement approved by the Board of Education.

Background: Prestonsburg Elementary School has been a long standing organization helping the students and staff of Prestonsburg Elementary to supplement all programs. Attached with the issue paper are the officers (2018-19), facility use agreement and Certificate of Liability Insurance.

Budget/Financial Issues: No impact for the District.

Alternative: Not approve PES PTA to help supplement programs.

Recommended Action: Recommend the approval of the issue paper allowing the Prestonsburg Elementary PTA to fundraise for as well as provide materials and financial support for Prestonsburg Elementary School and its' programs for the 2018-19 School Year.

Rationale: Continue our partnership with this agency.

Contact Person: Brent Rose – 606-886-3891

Brent Rose

PES Principal

Director

Superintendent

PRESTONSBURG ELEMENTARY PTA



Proposed Fundraisers and Events 2018/2019

Candleberry Candle

Popcornopolis

World's Finest Chocolate

School Dances

Literacy Night

Concessions

PTA basketball and Cheer

Fall Festivities

Winter Festivities

Spring Festivities

Movie Nights

Fun Run

Book Fairs

Membership Drive

Penny's for the Playground

Spirit Gear

Photobooth

Membership Drive

Family Advocacy Events

Flower Sales

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

| | | | |
|---|---|------------------------------|-----------------|
| Name of Sponsoring Organization/Activity | <u>Prestonsburg Elem PTA</u> | Telephone | <u>846-3891</u> |
| Representative's Name | <u>Jessica Lafferty</u> | | |
| Address | <u>362 Half Lane Prestonsburg, KY 41653</u> | | |
| The above organization/individual requests the use of: | | | |
| <input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input checked="" type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input checked="" type="checkbox"/> classroom(s) <u>As needed</u> <input type="checkbox"/> other, specify _____ | | | |
| Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, specify equipment _____ | | Operator's Name _____ | |
| Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, give a complete description of what is being sold and how the proceeds will be used. <u>Concession items, t-shirts, candles and other activities.</u> | | | |
| Building/school/facility <u>Prestonsburg Elementary</u> | | | |
| Purpose <u>Supplement materials & activities for the kids of PES.</u> | | | |
| Date(s) requested <u>8/1/18 - 6/30/19</u> | | Time(s) Requested <u>TBA</u> | |
| Will public be admitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Will advertisement(s) be used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| Will admission be charged? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>(Dances etc.)</u> | | | |

When using school facilities, this organization agrees to observe the following:

1. To schedule with the building Principal the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board Policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)Application and Agreement for Use of District Property

FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities.

| | # of Employees Required | # of Hours | Hourly Rate (Overtime at 1.5 times) | Total |
|------------------------|-------------------------|------------|-------------------------------------|-------|
| Custodians | N/A | | | |
| Food Service Employees | N/A | | | |
| Supervisory Personnel | N/A | | | |
| Other _____ | | | | |
| TOTAL PERSONNEL CHARGE | | | | |

| Property Used | Facility/ Equipment Fee | Personnel Cost, if applicable | Insurance cost, if applicable | Total Cost for Facility Use |
|--|-------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| Gymnasium at <u>Prestonsburg Elem</u> school | N/A | — | — | — |
| Auditorium at _____ school | | | | |
| Cafeteria <input checked="" type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>Prestonsburg Elem</u> school | N/A | — | — | — |
| Classroom(s) Number _____ at <u>Prestonsburg Elem</u> school | N/A | — | — | — |
| Stadium at _____ school | | | | |
| Other Property at _____ school | | | | |

Jessica Safferty
Signature - Representative of User Group

7/6/2018
Date

Signature - Superintendent/designee

Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.



PES PTA
140 S Clark Dr
Prestonsburg, KY 41653

Specialty Insurance Products

Insurance Policy Number: NPTA00025894

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

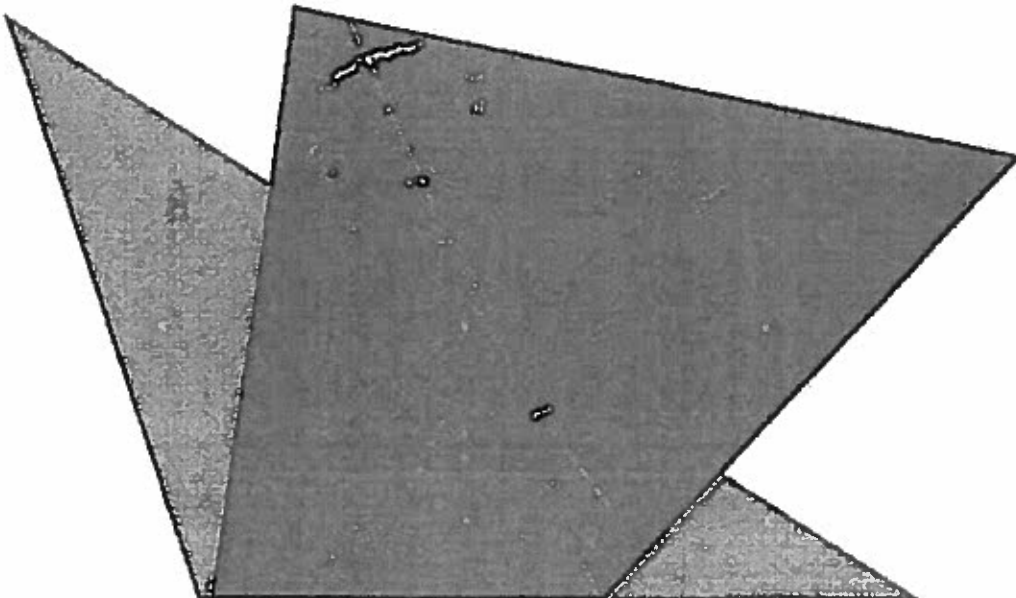
Office 10148 Riverside Drive
Toluca Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates
Insurance Brokers, Inc. — We look forward to helping
with your specialty insurance needs.



POLICY NUMBER: XPK80978518
EFFECTIVE DATES: 12/2/2017 to 12/2/2018

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| Floyd County BOE 106 N Front St Prestonsburg ,KY 41663 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER Hall & Clark Insurance 132 S. Lake Dr # 101 Prestonsburg, KY 41653 | CONTACT NAME: Joan Gibson PHONE (A/C No. Ext): 606-886-2318 FAX (A/C No.): 606-886-2351 E-MAIL: joan@hallclark.com ADDRESS: |
| INSURED PES PTA 140 S Clark Dr Prestonsburg, KY 41653 | INSURER A: Fireman's Fund Insurance Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: |
| INSURER AFFORDING COVERAGE | |
| NAIC # | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSUR LTR | TYPE OF INSURANCE | ADDL INSUR (INSR) (WVD) | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-----------|---|-------------------------|-----------------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | XPB80978518 NPTA00025894 | 12/2/2017 | 12/2/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | XPB80978518 NPTA00025894 | 12/2/2017 | 12/2/2018 | COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory to NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N/A | | | | WC STATUTORY LIMITS EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio



Applicant Information

| | |
|--|-----------------------------|
| Type of PTA | PTA Local School Unit |
| PTA Name | PES PTA |
| Website | |
| School Name | Prestonsburg Elementary |
| School Address | 140 S Clark Dr |
| School City | Prestonsburg |
| School State | KY |
| School Zip | 41653 |
| Contact First Name | Miranda |
| Contact Last Name | Bradford |
| Contact Phone | 606-791-0244 |
| Contact Email | bradfordmiranda85@yahoo.com |
| Is the applicant's mailing address the same as the school address indicated above? | Yes |

Coverages

| | |
|---|------------------|
| Effective Date | 12/2/2017 |
| Liability Plus | Yes |
| Bonding Plus | Limit \$25,000 |
| I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period. | Yes |
| Directors and Officers Plus | n/a |
| Accident Medical Plus | |
| Property Plus | |
| Do you understand and agree that if you select the Mail-In Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later? | Yes |
| I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance. | Yes |
| Name | Miranda Bradford |
| Accepted Date | 11/28/2017 |
| Memorandum Number | NPTA00025894 |
| Memorandum Number AD&D | |
| Memorandum Number D&O | |
| Expiration Date | 12/2/2018 |

Additional Insureds

| | |
|---------------|------------------|
| 1 | |
| Name | Floyd County BOE |
| Street | 106 N Front St |
| City | Prestonsburg |
| State | KY |
| Zip | 41653 |
| Email Address | |
| Phone Number | |

Hall & Clark Insurance
132 S. Lake Dr # 101
Prestonsburg , KY 41653
132 S. Lake Dr # 101
610590355

PARENT TEACHER ASSOCIATION ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: PES PTA

Proposed Coverage Dates: 12/2/2017 to 12/2/2018

Date: 11/28/2017

Client ID#: 1262399

| POLICY INFORMATION | LIMIT | | COST |
|---|-------------------------|-----------|---------------|
| 1. Liability Plus | \$1,000,000/\$2,000,000 | \$ | 33.00 |
| RVNA, Inc. Administration & Unlimited Additional Insured Charge | | \$ | 32.00 |
| 2. Bonding Plus | \$25,000 | \$ | 45.00 |
| RVNA, Inc. Administration Charge | | \$ | 40.00 |
| 3. Directors & Officers Liability Plus | Not Covered | \$ | 0.00 |
| RVNA, Inc. Administration Charge | | \$ | 0.00 |
| 4. Accident Medical Plus | Not Covered | \$ | 0.00 |
| RVNA, Inc. Administration Charge | | \$ | 0.00 |
| 5. Property Plus | Not Covered | \$ | 0.00 |
| RVNA, Inc. Administration Charge | | \$ | 0.00 |
| RVNA, Inc. Loss Payee Charge | | \$ | 0.00 |
| State Guarantee Fund | | \$ | 0.00 |
| Broker Fee | | \$ | 55.00 |
| TOTAL | | \$ | 205.00 |

NOTES

- This is a quotation only. Prices are subject to change without notice.
- It is the insureds responsibility to read the policy. Request a sample policy online at protectyournonprofit.com.
- Policy is underwritten by an A+ rated insurance carrier.



everychild.one voice.®

Cherie Dimar, President

148 Consumer Lane, Frankfort, KY 40601

502-226-6607 fax 502-226-6610

July, 2017

Prestonsburg El PTA

2520 S. Lake Dr.

Prestonsburg, KY 41653

National ID: 00015555

EIN: 611164284

Bylaws: March, 2021

This is to inform you that your PTA has met all of the requirements for tax exemption under the Kentucky Congress of Parents and Teachers' 501(c)(3) group exemption #5110 for the 2016-2017 fiscal year.

This information has been sent to the Internal Revenue Service. Please keep one copy of this notification with your PTA files and one copy in the school office as your proof that you are a legitimate tax exempt organization. To receive the letter and certificate to prove your state tax exemption, please contact Kentucky PTA.

As a 501(c)(3) organization, your PTA is exempt from paying income taxes. Individuals and businesses may make donations to your PTA and may deduct the donations from their income taxes as a charitable donation deduction.

Your PTA must file a 990N if your income is less than \$50,000, a 990 EZ if your gross receipts were less than \$200,000 and total assets are less than \$500,000, or a 990 if your income is over \$200,000 and total assets were \$500,000. You must also complete Schedules A and B if you file a 990EZ or 990. The 990N is an e-mail filing that is done on the IRS website. All filings must be made before November 15th. IRS forms must be secured from the IRS. If your PTA is sent any form by the IRS, complete the required sections, sign it, and return it. Never ignore a letter from the IRS.

Please contact Kentucky PTA 502-226-6607 or kentuckypta@bellsouth.net or your district president if you need anything or have questions.

Thank you for everything your PTA does for the children and youth of Kentucky.

Sincerely,

Cherie Dimar

Cherie Dimar

CITIZENS BANK OF KENTUCKY
620 BROADWAY
PAINTSVILLE KY 41240-1366
Tel: (866)462-2265



PRESTONSBURG PTA
57 PEBBLEBROOK CT
PRESTONSBURG KY 41653-8736

Account No: 1486406 Enclosures (1)

Statement Date: 07/10/2018 Page: 1

SELECT BUSINESS CHECKING SUMMARY

Type: REG Status: Active

| Category | Number | Amount |
|-------------------------------|-----------|----------|
| Balance Forward From 06/29/18 | | 2,493.20 |
| Debits | 1 | 1,725.00 |
| Ending Balance On 07/10/18 | | 768.20 |
| Average Balance (Ledger) | 2,179.56+ | |

Direct Inquiries About Electronic Entries To:
Phone: (866) 462 - 2265

CHECKS AND OTHER DEBITS

* Indicates a gap in the check numbers

| Date | Check # | Amount | Date | Check # | Amount | Date | Check # | Amount |
|----------|---------|----------|------|---------|--------|------|---------|--------|
| 07/09/18 | 4421 | 1,725.00 | | | | | | |

DAILY BALANCE SUMMARY

Beginning Ledger Balance on 06/29/18 was 2,493.20

| Date | Balance | Date | Balance | Date | Balance |
|----------|---------|------|---------|------|---------|
| 07/09/18 | 768.20 | | | | |

This Statement Cycle Reflects 11 Days

CHECKING PLUS IS NOW CITIZENS PLUS!
NO OTHER CHANGES APPLY. CITIZENS PLUS IS OVERDRAFT PROTECTION
AVAILABLE ON ANY CITIZENS PERSONAL CHECKING ACCOUNT.
APPLY ONLINE AT WWW.WERCITIZENS.BANK

CITIZENS BANK OF KENTUCKY
 620 BROADWAY
 PAINTSVILLE KY 41240-1366
 Tel: (866)462-2265

PRESTONSURG PTA
 57 PEBBLEBROOK CT
 PRESTONSURG KY 41653-8736

Account No: 1486406 Enclosures (1)

Statement Date: 06/29/2018 Page: 1

SELECT BUSINESS CHECKING SUMMARY

| Category | Number | Amount | Type : | REG | Status : | Active |
|-------------------------------|-----------|----------|--------|-----|----------|--------|
| Balance Forward From 05/31/18 | | 4,109.40 | | | | |
| Debits | 1 | 1,611.25 | | | | |
| SERVICE CHARGE | | 4.95 | | | | |
| Ending Balance On 06/29/18 | | 2,493.20 | | | | |
| Average Balance (Ledger) | 3,275.99+ | | | | | |

Direct Inquiries About Electronic Entries To:
 Phone: (866) 462 - 2265

ITEMIZED SERVICE CHARGE

| Date | Description | Status | Amount |
|------------------------|----------------|--------|--------|
| 06/29/18 | SERVICE CHARGE | | 4.95 |
| TOTAL SERVICE CHARGE : | | | 4.95 |

CHECKS AND OTHER DEBITS

* Indicates a gap in the check numbers

| Date | Check # | Amount | Date | Check # | Amount | Date | Check # | Amount |
|----------|---------|----------|------|---------|--------|------|---------|--------|
| 06/15/18 | | 1,611.25 | | | | | | |

| Date | Description | Amount |
|----------|----------------|--------|
| 06/29/18 | SERVICE CHARGE | 4.95 |

DAILY BALANCE SUMMARY

Beginning Ledger Balance on 05/31/18 was 4,109.40

| Date | Balance | Date | Balance | Date | Balance |
|----------|----------|----------|----------|------|---------|
| 06/15/18 | 2,498.15 | 06/29/18 | 2,493.20 | | |

This Statement Cycle Reflects 29 Days

BANKING WITHOUT BOUNDARIES
 NEW* MOBILE DEPOSIT, BILL PAY AND SECURITY FEATURES
 DOWNLOAD THE APP
 AND GET MOBILE TODAY!

SCHOOL ACTIVITY FUND EXTERNAL SUPPORT/BOOSTER ORGANIZATION BUDGET

School Prestonsburg Elementary
 Organization Name Prestonsburg PTA
 Organization Address 140 SCARLE DRIVE

Year 2018-2019

| Description | Receipts Budget | Expenditures Budget |
|--------------------------------------|-----------------|----------------------|
| Beginning Cash Balance <u>768.20</u> | | |
| RECEIPTS | | |
| Candleberry Candle | 3,000 | |
| World's Finest Chocolate | 1,200 | |
| Concession | 1,200 | |
| Spirit Gear | 2,000 | |
| Dance x 5 | 3,000 | |
| Pennies / Playground | \$900.00 | |
| Book Fair x 2 | 12,000 | |
| Canvas w/ Santa | 200 | |
| PTA Basketball / cheer | \$2,000 | |
| Fun Run | \$4,000 | |
| Fall Festival | \$1,250 | |
| Flower Sale | \$1,500 | |
| D.Q. | \$500.00 | |
| Online % Collections | 100.00 + 225.00 | |
| EXPENDITURES | | |
| Community | | \$9,273.00 |
| Enrichments | | 10,000.00 |
| Classroom | | \$4,200 |
| IXL / Tech | | \$7,000 |
| School - | | \$11,000 |
| PTA OPERATIONS | | \$2,000 |
| Insurance | | \$300 |
| Movie License | | \$200 |
| SC membership | | \$100 |
| Supplies | | 1,000 |
| TOTALS | \$35,093 | \$35,093 |

member
ship

Alexis Muller
 Organization Treasurer

Jessica Lafferty
 Organization President

Principal

Date

01/12/18

Submit to Principal within first 30 days of school year or within 30 days of first transaction.