

# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCHS
School Address:	

RECEIPT #
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Fiscal Year Ending:	5/25/24
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Date of gift:	12-9-25
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School Federal ID #	61-6001306
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Donor Name:	OCAB
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Donor Address:		
street address		
street address (continued)		
city	state	zip code

Donor Phone Number:
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Type of donation: (Circle one)	Cash	Check	Amount: 2312.23	Other
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Other gift description including purpose and restrictions on donation:	Colonel Care Holiday Assist program
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Was anything of value received in exchange for donation?	Yes	No
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If yes, description and dollar value:
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Donors Federal ID # (if applicable)
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Jenny Edele	12-9-25	Principal	12/10/25
Person accepting donation	Date	Principal	Date

*Tech Dept/Facilities	Date	*Superintendent	Date
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\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

\*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

\*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F22 Account.

\*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

**OLDHAM COUNTY HIGH SCHOOL  
SCHOOL ACTIVITY FUND  
MULTIPLE RECEIPT FORM**

SCHOOL	OCHS
ACTIVITY FUND	OCHS

RECEIPT NO. <u>41102</u>
FUNDRAISER
TEACHER

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$2,312.23	1015	16.				
2.	(Holiday Assistance Program - Final Round Donation)				17.				
3.					18.				
4.					19.				
5.					20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$2,312.23
<b>GRAND TOTAL</b>	<b>\$2,312.23</b>

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation: # of Students  Total Amount Remitted 2312.23

*Jennifer Larimore*  
Person Remitting Money (Activity Sponsor)

*Donna Ward*  
School Treasurer (Bookkeeper)

12/8/2025  
Date

12-9-25  
Date

White copy to School Treasurer

Yellow Copy for Teacher/Sponsor

# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	Oldham County Middle <u>-070</u>
School Address:	4305 Brown Blvd
	La Grange, Ky. 40031

RECEIPT # <u>18309</u>
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Fiscal Year Ending: <u>2026</u>
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Date of gift:	11/16/25
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School Federal ID #	61-6001306
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Donor Name:	Josh Kirk
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Donor Address:	2111 Quail Ridge Dr		
	street address		
	street address (continued)		
	La Grange	KY	40031
	city	state	zip code

Donor Phone Number:	859-533-1059
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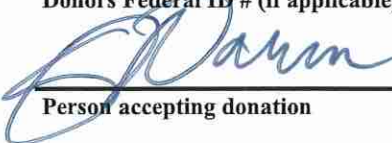
Type of donation: (Circle one)	Cash	Check	An	5200		Other
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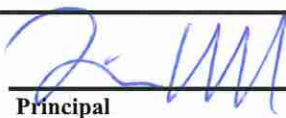
Other gift description including purpose and restrictions on donation:
------------------------------------------------------------------------

Was anything of value received in exchange for donation?	Yes	<u>No</u>	
----------------------------------------------------------	-----	-----------	--

If yes, description and dollar value:
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Donors Federal ID # (if applicable)	
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 11/19/25  
 Person accepting donation Date

 11/19/25  
 Principal Date

\*Tech Dept/Facilities Date

\*Superintendent ☐ Date

\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

\*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

\*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

\*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.



# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	Oldham County High School
School Address:	1150 N Hwy 393
	LaGrange, KY 40031

RECEIPT #
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Fiscal Year Ending: SY 25/26
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Date of gift: 12-5-25
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School Federal ID #
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Donor Name: OCAB
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Donor Address:	PO Box 187
	street address
	street address (continued)
Buckner	KY 40010
city	state zip code

Donor Phone Number:
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Type of donation: (Circle one)	Cash	Check	Amount: 1837.77	Other
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Other gift description including purpose and restrictions on donation: Support Dance team
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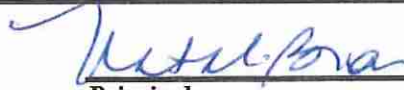
Was anything of value received in exchange for donation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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If yes, description and dollar value:
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Donors Federal ID # (if applicable)

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12/5/25  
 Person accepting donation Date


12/11/25  
 Principal Date

\*Tech Dept/Facilities Date

\*Superintendent Date

\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

\*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

\*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

\*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

**OLDHAM COUNTY HIGH SCHOOL  
SCHOOL ACTIVITY FUND  
MULTIPLE RECEIPT FORM**

SCHOOL	OCHS
ACTIVITY FUND	OCHS

RECEIPT NO.
FUNDRAISER
TEACHER

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$1,837.77	1009	16.				
2.	(Dance - Transfer to School Account)				17.				
3.					18.				
4.					19.				
5.					20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$1,837.77
GRAND TOTAL	\$1,837.77

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation:

# of Students

Total Amount Remitted

*Jennifer Harmon*  
 Person Remitting Money (Activity Sponsor)

*Souya Yano*  
 School Treasurer (Bookkeeper)

12/5/2025  
 Date

12-5-25  
 Date

White copy to School Treasurer

Yellow Copy for Teacher/Sponsor

# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	Oldham County High School
School Address:	1150 N Hwy 393
	LaGrange, KY 40031

RECEIPT #
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Fiscal Year Ending:
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Date of gift:	12-5-25
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School Federal ID #
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Donor Name:	UCAB
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Donor Address:		
street address		
street address (continued)		
city	state	zip code

Donor Phone Number:
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Type of donation: (Circle one)	Cash	Check	Amount: \$3000	Other
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Other gift description including purpose and restrictions on donation:
Girls Soccer uniform rotation - Athletic General

Was anything of value received in exchange for donation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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If yes, description and dollar value:

Donors Federal ID # (if applicable)

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Paul Holien      12-5-25

Person accepting donation

Date

Mark Bra      12/5/25

Principal

Date

\*Tech Dept/Facilities

Date

\*Superintendent

Date

\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

\*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

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\*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.



# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	Oldham County High School
School Address:	1150 N Hwy 393
	LaGrange, KY 40031

RECEIPT #
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Fiscal Year Ending:
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Date of gift: 12/5/25
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School Federal ID #
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Donor Name: OCAB
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Donor Address:		
street address		
street address (continued)		
city	state	zip code

Donor Phone Number:
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Type of donation: (Circle one)	Cash	<u>Check</u>	Amount: 5750.00	Other
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Other gift description including purpose and restrictions on donation:	
FB - \$1000 Boys Soccer - \$1850	XC - \$2900 TO SUPPORT TEAMS

Was anything of value received in exchange for donation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes, description and dollar value:
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Donors Federal ID # (if applicable)

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Paul Holien 12-5-25

Person accepting donation

Date

12/8/25

Principal

Date

\*Tech Dept/Facilities Date

\*Superintendent Date

\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

\*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

\*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

\*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	Oldham County High School
School Address:	1150 N Hwy 393
	LaGrange, KY 40031

RECEIPT #
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Fiscal Year Ending:
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Date of gift:	12-5-25
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School Federal ID #
---------------------

Donor Name:	OCAB
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Donor Address:			
	street address		
	street address (continued)		
	city	state	zip code

Donor Phone Number:
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Type of donation: (Circle one)	Cash	Check	Amount: \$1000	Other
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Other gift description including purpose and restrictions on donation:
Donation to Athletics to support groups

Was anything of value received in exchange for donation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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If yes, description and dollar value:

Donors Federal ID # (if applicable)	
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Paul Holien      12-5-25

Person accepting donation

Date

\_\_\_\_\_  
Principal      14818

Principal

Date

\*Tech Dept/Facilities      Date

\*Superintendent      Date

\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

\*Per Redbook (page 9, #16): All Grant monies must be deposited at the board level

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\*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.



**OLDHAM COUNTY HIGH SCHOOL  
SCHOOL ACTIVITY FUND  
MULTIPLE RECEIPT FORM**

<b>SCHOOL</b>	<b>OCHS</b>
<b>ACTIVITY FUND</b>	<b>OCHS</b>

<b>RECEIPT NO.</b>
<b>FUNDRAISER</b>
<b>TEACHER</b>

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$5,750.00	1011	16.				
2.	(Transfer to School Account)				17.				
3.	Football \$1000				18.				
4.	Boys Soccer \$1850				19.				
5.	Cross Country \$2900				20.				
6.					21.				
7.	OC Athletic Boosters		\$3,000.00	1012	22.				
8.	(Donation - Uniform Replacement [Girls Soccer])				23.				
9.					24.				
10.	OC Athletic Boosters		\$1,000.00	1013	25.				
11.	(Donation to Athletics from Wrestling)				26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$9,750.00
<b>GRAND TOTAL</b>	<b>\$9,750.00</b>

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation: # of Students

Total Amount Remitted

9750.00

  
Person Remitting Money (Activity Sponsor)

  
School Treasurer (Bookkeeper)

12/5/2025  
Date

12/8/25  
Date

White copy to School Treasurer

Yellow Copy for Teacher/Sponsor

# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCHS
School Address:	

RECEIPT #
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Fiscal Year Ending:	FY2022
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Date of gift:	12/3/25
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School Federal ID #	61-6001306
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Donor Name:	OCAB
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Donor Address:	street address
	street address (continued)
	city state zip code

Donor Phone Number:
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Type of donation: (Circle one)	Cash	<input checked="" type="radio"/> Check	Amount: 1497.53	Other
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Other gift description including purpose and restrictions on donation:	
For Holiday Assist. program (Angel tree)	

Was anything of value received in exchange for donation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
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If yes, description and dollar value:
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Donors Federal ID # (if applicable)

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Paul Holien      12/3/25  
 Person accepting donation      Date

*[Signature]*      12/3/25  
 Principal      Date

\*Tech Dept/Facilities      Date

\*Superintendent      Date

\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

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**OLDHAM COUNTY HIGH SCHOOL  
SCHOOL ACTIVITY FUND  
MULTIPLE RECEIPT FORM**

SCHOOL	OCHS
ACTIVITY FUND	OCHS

RECEIPT NO.	
FUNDRAISER	Colonel Care Center
TEACHER	Donation

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$1,497.53	1002	16.				
2.	(Holiday Assistance Program - 1st Round Donation)				17.				
3.					18.				
4.	OC Athletic Boosters		\$1,430.75	1003	19.				
5.	(Holiday Assistance Program - 2nd Round Donation)				20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$2,928.28
GRAND TOTAL	\$2,928.28

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation:

# of Students

Total Amount Remitted

*Janifer Larimore, Treasurer*  
 Person Remitting Money (Activity Sponsor)

*Sonya Upnd*  
 School Treasurer (Bookkeeper)

12-1-25

Date

12/3/25

Date

White copy to School Treasurer

Yellow Copy for Teacher/Sponsor



# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCHS
School Address:	

RECEIPT #
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Fiscal Year Ending:	FY2022
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Date of gift:	12/3/25
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School Federal ID #	61-6001306
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Donor Name:	OCAB
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Donor Address:		
street address		
street address (continued)		
city	state	zip code

Donor Phone Number:
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Type of donation: (Circle one)	Cash	<input checked="" type="radio"/> Check	Amount: 1430.75	Other
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Other gift description including purpose and restrictions on donation:
For Holiday Assist program (Angel Tree)

Was anything of value received in exchange for donation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes, description and dollar value:

Donors Federal ID # (if applicable)	
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Paul Holien	12/3/25	<i>Wesley Brown</i>	12/3/25
Person accepting donation	Date	Principal	Date

*Tech Dept/Facilities	*Superintendent
Date	Date

\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

\*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

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\*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

**OLDHAM COUNTY HIGH SCHOOL  
SCHOOL ACTIVITY FUND  
MULTIPLE RECEIPT FORM**

SCHOOL	OCHS
ACTIVITY FUND	OCHS

RECEIPT NO.	
FUNDRAISER	Colonel Care Center
TEACHER	Donation

#	Student Signature	Cash Amount	Check Amount	Check #	#	Student Signature	Cash Amount	Check Amount	Check #
1.	OC Athletic Boosters		\$1,497.53	1002	16.				
2.	(Holiday Assistance Program - 1st Round Donation)				17.				
3.					18.				
4.	OC Athletic Boosters		\$1,430.75	1003	19.				
5.	(Holiday Assistance Program - 2nd Round Donation)				20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Total Cash (Bills)	
Total Cash (Coins)	
Total Checks	\$2,928.28
<b>GRAND TOTAL</b>	<b>\$2,928.28</b>

Students in third grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation section and issue a receipt.

Recapitulation: # of Students  Total Amount Remitted

Janice Larimore, Treasurer  
Person Remitting Money (Activity Sponsor)

Sonya Upm  
School Treasurer (Bookkeeper)

12-1-25

Date

12/3/25

Date

White copy to School Treasurer

Yellow Copy for Teacher/Sponsor

# SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	Goshen Elem.
School Address:	12518 Ridgemoor Dr
	Prospect, KY 40059

RECEIPT #	4470
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Fiscal Year Ending:	FY2026
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Date of gift:	10/14/25
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School Federal ID #	61-6001306
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Donor Name:	Goshen PTO
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Donor Address:			
	street address		
	street address (continued)		
	Prospect	KY	40059
	city	state	zip code

Donor Phone Number:	
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Type of donation: (Circle one)	Cash	X Check	Amount: \$26,000	Other
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Other gift description including purpose and restrictions on donation:	
	To be used to help pay for new furniture in 4th grade classrooms

Was anything of value received in exchange for donation?	Yes	<input type="checkbox"/>	No	X	<input type="checkbox"/>
----------------------------------------------------------	-----	--------------------------	----	---	--------------------------

If yes, description and dollar value:	
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Donors Federal ID # (if applicable)	
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	12/9/25		12/9/25
Person accepting donation	Date	Principal	Date

*Tech Dept/Facilities	Date
-----------------------	------

*Superintendent	Date
-----------------	------

\*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

\*Per Redbook (page 9, #16): All Grant monies must be deposited at the board level

\*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

\*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.



School	Goshen Elementary School
Activity Account (Circle One)	Fund 21 Background Checks
Purpose (Circle One)	Fees Background Checks

Receipt Number	4470
Teacher/Sponsor	Office
Grade (Circle one) K-5 6 7 8 9 10 11 12 Multiple	

[illegible][illegible]


Student Fees:  
Tech Fees:  
Instructional Resource Fees:  
Counselor Donation:  
Background Checks:

\*Printed names acceptable for any student unable to sign.  
\*K-5th grade: Teacher/Sponsor may print names.  
\*The form and collected money must be given to the school treasurer daily.

Total Cash	
Total Checks	26,000.00
Total	26,000.00

Person Reporting Money (Activity Sponsor)

12/9/25  
Date

<b>Recapitulation Section: Office Use Only</b>	
*The school treasurer will complete the Recapitulation Section and issue a receipt.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">                           School Treasurer (Bookkeeper)                     </div> <div style="text-align: center;">                         12/9/25                          Date                     </div> <div style="text-align: center;">                         Total Amount Remitted:  <div style="border: 1px solid black; padding: 5px; display: inline-block;">24,000</div> </div> </div>	

<sup>4</sup>If a deposit is collected after school business hours, please place in the school safe for processing the following business day.

*White copy: School Treasurer*

Yellow copy: for Teacher or Sponsor