



**STILLWATER PUBLIC SCHOOLS**  
**STILLWATER BOARD OF EDUCATION**

**PREPARED BY:** Mrs. Kristie Newby, MBA, CFE, Chief Financial Officer  
**APPROVED BY:** Tyler Bridges, Superintendent  
**DATE:** August 12, 2025

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**AGENDA ITEM:**

Sanctioned Accounts for FY 2025-2026

**BOARD ACTION REQUESTED:**

Motion to Approve Annual Sanctioned Accounts for FY 2025-2026

**BACKGROUND INFORMATION:**

Sanctioned Accounts contribute to the funding and well-being of Stillwater Public Schools Booster Clubs by allowing them to use our organizations tax ID. The Boosters act on their own behalf by raising money via donations or sales. The Boosters will have their own bank account, separate from the Stillwater Public Schools account. They will purchase goods/services with their own funds. Goods and services purchased will be made in the best interest of the Stillwater Public Schools Booster Club that they represent. Sanctioned accounts are subject to audit.

## APPLICATION FOR SANCTIONING

### Due Annually on July 5

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 07/03/2025 Select One: Initial Application \_\_\_\_\_ Renewal

Name of Sanctioned Organization: Highland Park Elementary PTA

Official Mailing Address for the organization: 400 S Drury Street Stillwater, OK 74074

Organization's Taxpayer I.D. Number: 23- 7123935

#### Organization President

Name: Sarah Milligan

Phone: 502-319-3699

Email: sarahsuzanne@hotmail.com

#### Organization Treasurer

Name: Emilee Onstott

Phone: 405-612-6660

Email: pokesfan2488@hotmail.com

Organization's Purpose, Goals, and the Benefit to District Students: To advocate for all children by building relationships between the teachers and families. To support the education and overall well-being of students and their families.

Organizations's Website and/or Social Media Accounts: Givebacks and facebook

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

APPLICATION FOR SANCTIONING (Cont.)

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:

Chief Financial Officer  
 314 S. Lewis  
 Stillwater, OK 74074

7. Signing this form certifies that you agree to attend mandatory district training.

*\* This has not been offered, to my knowledge.*

Emilee Onstott, Treasurer

Organization Representative/Office Name and Position (printed)

Emilee Onstott  
 Signature

7/3/2025  
 Date

Becky Dupon  
 School Faculty Sponsor/ Athletic Coach Name (printed)

Becky Dupon  
 Signature

7/3/25  
 Date

**APPLICATION FOR SANCTIONING (Cont.)**

**ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)**

Name of Organization/Association: Highland Park Elementary PTA

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

Beginning Cash Balance, July 1, June 13, 2024 \$ 5,849.56 ✓

Collections:

|                                     |                    |
|-------------------------------------|--------------------|
| Fundraiser, Merchandise Sales, Etc. | \$ 5,578.41        |
| Donations                           | \$ 126.27          |
| Parent/Student Contributions        | \$ 300.00          |
| Other (list):                       |                    |
| <u>Bank Error and Correction</u>    | \$ 603.90          |
|                                     | \$                 |
|                                     | \$                 |
| <b>Total Collections</b>            | \$ <b>6,608.58</b> |

Expenditures:

|                                     |                    |
|-------------------------------------|--------------------|
| Fundraising Expenses                | \$                 |
| Other (list):                       |                    |
| <u>Dues: local, state, national</u> | \$ 148.00          |
| <u>Insurance</u>                    | \$ 340.00          |
| <u>Donations, Projects, Grants</u>  | \$ 7,680.95        |
| <u>Supplies</u>                     | \$ 19.95           |
| <u>Bank error and correction</u>    | \$ 603.90          |
|                                     | \$                 |
|                                     | \$                 |
|                                     | \$                 |
| <b>Total Expenditures</b>           | \$ <b>8,792.81</b> |

Ending Cash Balance, June 30, June 12, 2025 \$ 3,666.19 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Emilee Onstott Date: 6/29/2025

Title: Treasurer

Received and reviewed by Chief Financial Officer:  
Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)

Name of Organization/Association: Highland Park Elementary PTA

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

|                                             |                    |                    |
|---------------------------------------------|--------------------|--------------------|
| Beginning Cash Balance, July 1, <u>2025</u> |                    | \$ <u>3,666.19</u> |
| Collections:                                |                    |                    |
| Fundraiser, Merchandise Sales, Etc.         | \$ <u>6,900.00</u> |                    |
| Donations                                   | \$ <u>0</u>        |                    |
| Parent/Student Contributions                | \$ <u>390.00</u>   |                    |
| Other (list):                               | \$ _____           |                    |
| _____                                       | \$ _____           |                    |
| _____                                       | \$ _____           |                    |
| Total Collections                           |                    | \$ <u>7,290.00</u> |
| Expenditures:                               |                    |                    |
| Fundraising Expenses                        | \$ <u>8,870</u>    |                    |
| Other (list):                               | \$ <u>235.00</u>   |                    |
| <u>Dues</u>                                 | \$ <u>340.00</u>   |                    |
| <u>Liability Insurance</u>                  | \$ <u>400.00</u>   |                    |
| <u>State PTA Convention</u>                 | \$ _____           |                    |
| _____                                       | \$ _____           |                    |
| _____                                       | \$ _____           |                    |
| _____                                       | \$ _____           |                    |
| _____                                       | \$ _____           |                    |
| Total Expenditures                          |                    | \$ <u>9,845.00</u> |
| Ending Cash Balance, June 30, <u>2026</u>   |                    | \$ <u>1,111.19</u> |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-2026 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Emilee Onstott Date: 6/29/2025

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Sevema Yaiter Date: 6-30-25

Representative: [Signature] Date: 7-2-25

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



(800) 876-4044  
[aim@aim-companies.com](mailto:aim@aim-companies.com)

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### Payment Confirmation

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Organization Name: Highland Park PTA

Date: 6/29/2025

Insured #: OK179082

Policy Term: 09/22/2025 - 09/22/2026

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| Coverage Information           | Limit       | Cost            |
|--------------------------------|-------------|-----------------|
| General Liability              | \$1,000,000 | \$150.00        |
| Crime                          | \$25,000    | \$125.00        |
| Directors & Officers Liability | \$1,000,000 | \$65.00         |
| <b>TOTAL:</b>                  |             | <b>\$340.00</b> |
| Payment Received:              |             | \$340.00        |
| <b>Amount Due:</b>             |             | <b>\$0.00</b>   |

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- Policies cancelled before the effective date are subject to a \$35 cancellation fee.
- Short term policies are subject to a minimum premium equivalent to 50% of the annual premium or \$50, whichever is greater, not to exceed the total annual premium.
- All premium and fees paid are fully earned at inception.

APPLICATION FOR SANCTIONING
Due Annually on July 5

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 07/07/25 Select One: Initial Application Renewal [checked]

Name of Sanctioned Organization: SPS Indian Education Parent Committee

Official Mailing Address for the organization:

Organization's Taxpayer I.D. Number: N/A

Organization President

Organization Treasurer

Name: Cynthia Barnes

Name: W Patrick Black

Phone: 405-450-5163

Phone: 785-764-3293

Email: sinny2moons@yahoo.com

Email: wpblack@gmx.com

Organization's Purpose, Goals, and the Benefit to District Students: to coordinate with SPS & provide advice & assistance in all aspects of the Indian Education Program.

Organizations's Website and/or Social Media Accounts: FB: Stillwater Public Schools Indian Education.

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

APPLICATION FOR SANCTIONING (Cont.)

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:

Chief Financial Officer  
 314 S. Lewis  
 Stillwater, OK 74074

7. Signing this form certifies that you agree to attend mandatory district training.

Rusty Atkins  
 Organization Representative/Office Name and Position (printed)

Rusty Atkins  
 Signature

7-7-25  
 Date

W Patrick Black - treasurer  
 School Faculty Sponsor / Athletic Coach Name (printed)

W P Black  
 Signature

07/07/25  
 Date

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)

Name of Organization/Association: Indian Education Parent Committee

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

Beginning Cash Balance, July 1, 2024 \$ 9,258.72 ✓

Collections:

|                                     |                       |
|-------------------------------------|-----------------------|
| Fundraiser, Merchandise Sales, Etc. | \$ _____              |
| Donations                           | \$ _____              |
| Parent/Student Contributions        | \$ _____              |
| Other (list):                       |                       |
| <u>College Fund</u>                 | \$ <u>4,000</u> _____ |
| <u>Ground Dance</u>                 | \$ <u>2,944</u> _____ |
| <u>Indian Taco Dinner</u>           | \$ <u>1,629</u> _____ |

\$ +8,573

Total Collections

Expenditures:

|                                         |                          |
|-----------------------------------------|--------------------------|
| Fundraising Expenses <u>Taco Dinner</u> | \$ <u>484.09</u> _____   |
| Other (list):                           |                          |
| <u>Ground Dance</u>                     | \$ <u>5,291.12</u> _____ |
| <u>College Fund / Senior Gifts</u>      | \$ <u>2,180</u> _____    |
| <u>End of School BBQ</u>                | \$ <u>407.09</u> _____   |
| <u>Back to School</u>                   | \$ <u>102</u> _____      |
| _____                                   | \$ _____                 |
| _____                                   | \$ _____                 |
| _____                                   | \$ _____                 |
| _____                                   | \$ _____                 |
| _____                                   | \$ _____                 |
| _____                                   | \$ _____                 |

-8,464.30

\$ -8,362.30

Total Expenditures

Ending Cash Balance, June 30, 2025 \$ 9,367.42 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: W Patrick Block

Date: 07/03/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT **FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)**

Name of Organization/Association: Indian Education Parent Committee

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

Beginning Cash Balance, July 1, 2025 \$ 9,367.42

Collections:

|                                     |                 |
|-------------------------------------|-----------------|
| Fundraiser, Merchandise Sales, Etc. | \$ _____        |
| Donations                           | \$ _____        |
| Parent/Student Contributions        | \$ _____        |
| Other (list):                       |                 |
| <u>College Fund</u>                 | \$ <u>3,000</u> |
| <u>Goard Dance</u>                  | \$ <u>3,500</u> |
| <u>Indian Taco Dinner</u>           | \$ <u>1,500</u> |

Total Collections \$ 8,000

Expenditures:

|                       |                 |
|-----------------------|-----------------|
| Fundraising Expenses  | \$ <u>400</u>   |
| Other (list):         |                 |
| <u>Goard Dance</u>    | \$ <u>3,000</u> |
| <u>College Fund</u>   | \$ <u>3,000</u> |
| <u>Back to School</u> | \$ <u>100</u>   |
| <u>End of School</u>  | \$ <u>400</u>   |
| <u>Misc</u>           | \$ <u>1,100</u> |
| _____                 | \$ _____        |
| _____                 | \$ _____        |
| _____                 | \$ _____        |

Total Expenditures \$ 8,000

Ending Cash Balance, June 30, 2026 \$ 9,367.42

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-2026 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: W Patrick Black Date: 07/03/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

**ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION**

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the \_\_\_\_\_ school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative:  Date: 7/6/25

Representative:  Date: 7-6-'25

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice Code:  
:7/7/2025:S-OKBO19198\_214095



(800) 876-4044

[aim@aim-companies.com](mailto:aim@aim-companies.com)

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### Payment Confirmation

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Organization Name: SPS Indian Education Parent Committee

Date: 7/7/2025

Insured #: OKBO19198

Policy Term: 07/08/2025 - 07/08/2026

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| Coverage Information           | Limit          | Cost            |
|--------------------------------|----------------|-----------------|
| General Liability              | \$1,000,000    | \$195.00        |
| Directors & Officers Liability | \$1,000,000    | \$75.00         |
| <b>TOTAL:</b>                  |                | <b>\$270.00</b> |
| Payment Received:              |                | \$270.00        |
| <u>Transaction Details</u>     |                |                 |
| Type                           | Account Number | Amount Received |
| EFT                            | XXXXXX6303     | \$270.00        |
| <b>Amount Due:</b>             |                | <b>\$0.00</b>   |

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- Policies cancelled before the effective date are subject to a \$35 cancellation fee.
- Short term policies are subject to a minimum premium equivalent to 50% of the annual premium or \$50, whichever is greater, not to exceed the total annual premium.
- All premium and fees paid are fully earned at inception.

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Date Submitted: 07/07/25      Select One:    Initial Application \_\_\_\_\_    Renewal X  
 Name of Sanctioned Organization: STILLWATER JUNIOR HIGH SCHOOL PTO  
 Official Mailing Address for the organization: 1900 N. SKYLINE ST. STILLWATER OK 74075  
 Organization's Taxpayer I.D. Number: 73.1059977

**Organization President**

**Organization Treasurer**

Name: MICHELLE MUNSON  
 Phone: 405.742.2395  
 Email: munson@okstatealumni.org

Name: JAYLENE WILLIAMSON  
 Phone: 806.683.8516  
 Email: mitchandjaylene@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: TO ENHANCE & SUPPORT

THE EDUCATIONAL EXPERIENCE AT SJHS, TO DEVELOP A CLOSER CONNECTION BETWEEN SCHOOL & HOME BY ENCOURAGING PARENTAL INVOLVEMENT & IMPROVE THE ENVIRONMENT AT SJHS THROUGH VOL & SUPPORT.

Organizations's Website and/or Social Media Accounts: STILLWATER JUNIOR HIGH PTO - FB PAGE

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

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**APPLICATION FOR SANCTIONING (Cont.)**

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2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:

Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074

7. Signing this form certifies that you agree to attend mandatory district training.

MICHELLE MUNSON / SJHS PTO PRESIDENT  
Organization Representative/Office Name and Position (printed)

  
Signature

07-01-25  
Date

Courtney Mayes M.S. CCC-SUP  
School Faculty Sponsor / Athletic Coach Name (printed)

  
Signature

7-1-25  
Date

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 - JUNE 30)

Name of Organization/Association: Stillwater Junior High PTO

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

Beginning Cash Balance, July 1, 24 \$ 2872.40 ✓

|                                     |            |            |
|-------------------------------------|------------|------------|
| Collections:                        |            |            |
| Fundraiser, Merchandise Sales, Etc. | \$ 8308.75 |            |
| Donations                           | \$ 848.00  |            |
| Parent/Student Contributions        | \$ 5.00    |            |
| Other (list):                       |            |            |
| _____                               | \$ _____   |            |
| _____                               | \$ _____   |            |
| _____                               | \$ _____   |            |
| Total Collections                   |            | \$ 9161.75 |

|                         |             |            |
|-------------------------|-------------|------------|
| Expenditures:           |             |            |
| Fundraising Expenses    | \$ 2,708.78 |            |
| Other (list):           |             |            |
| <u>ON TEACHERS</u>      | \$ 4244.50  |            |
| <u>TEACHER REQUESTS</u> | \$ 2,335.94 |            |
| <u>CHECKS</u>           | \$ 24.79    |            |
| _____                   | \$ _____    |            |
| _____                   | \$ _____    |            |
| _____                   | \$ _____    |            |
| _____                   | \$ _____    |            |
| _____                   | \$ _____    |            |
| _____                   | \$ _____    |            |
| Total Expenditures      |             | \$ 9393.79 |

Ending Cash Balance, June 30, 25 \$ 2440.42 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 24-25 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: [Signature] Date: 07/01/25

Title: PRESIDENT

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)

Name of Organization/Association: SJHS

FINANCIAL ACTIVITY FOR SCHOOL YEAR 25-26

Beginning Cash Balance, July 1, 25 \$ 2440.42

Collections:

|                                     |                 |  |
|-------------------------------------|-----------------|--|
| Fundraiser, Merchandise Sales, Etc. | \$ <u>8,000</u> |  |
| Donations                           | \$ <u>1,000</u> |  |
| Parent/Student Contributions        | \$ _____        |  |
| Other (list):                       | \$ _____        |  |
| _____                               | \$ _____        |  |
| _____                               | \$ _____        |  |

Total Collections \$ 9,000

Expenditures:

|                            |                 |  |
|----------------------------|-----------------|--|
| Fundraising Expenses       | \$ <u>2,500</u> |  |
| Other (list):              | \$ _____        |  |
| <u>ON TEACHERS</u>         | \$ <u>2,000</u> |  |
| <u>ON TEACHER REQUESTS</u> | \$ <u>4,000</u> |  |
| _____                      | \$ _____        |  |
| _____                      | \$ _____        |  |
| _____                      | \$ _____        |  |
| _____                      | \$ _____        |  |
| _____                      | \$ _____        |  |
| _____                      | \$ _____        |  |

Total Expenditures \$ 10,500.00

Ending Cash Balance, June 30, 26 \$ 1,140.42

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 25-26 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: [Signature] Date: 07/06/25

Title: PRESIDENT

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

**ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION**

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-25 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: *Sharon Allen* Date: 07/06/2025  
Representative: *A. Win* Date: 7-6-25  
Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**MEMBER CERTIFICATE OF INSURANCE**

07/01/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Stillwater Junior High School PTO  
Michelle Munson or Current Officer  
1900 N. Skyline St.  
Stillwater, OK 74075

**Named Insured & Mailing Address**

Education Support Purchasing Group  
c/o AIM  
P.O. Box 742946  
Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
Management, Inc.  
P.O. Box 742946  
Dallas, TX 75374-2946

**Named Insured Member (physical address):**

1900 N. Skyline St.  
Stillwater, OK 74075

Insured #: OKPO20561

| Coverage                                                                     | Policy #       | Effective Dates     | Deductible | Limits of Insurance           |             |
|------------------------------------------------------------------------------|----------------|---------------------|------------|-------------------------------|-------------|
| General Liability<br><small>Concert Specialty Insurance Company</small>      | GL2025AIM33990 | 07/01/25 - 07/01/26 | \$0        | Per Occurrence                | \$1,000,000 |
|                                                                              |                | 07/01/25 - 07/01/26 |            | Damage to Rented Premises     | \$50,000    |
|                                                                              |                | 07/01/25 - 07/01/26 |            | Extended Medical              | \$5,000     |
|                                                                              |                | 07/01/25 - 07/01/26 |            | Personal & Advertising Injury | \$1,000,000 |
| Fidelity Bond (Crime)<br><small>Concert Specialty Insurance Company</small>  | CR2025AIM25317 | 07/01/25 - 07/01/26 | \$250      | General Aggregate             | \$2,000,000 |
|                                                                              |                |                     |            | Products - Comp/Ops           | \$2,000,000 |
| Directors and Officers<br><small>Concert Specialty Insurance Company</small> | DO2025AIM28688 | 07/01/25 - 07/01/26 | \$0        | Per Occurrence / Aggregate    | \$10,000    |
|                                                                              |                |                     |            | Per Occurrence / Aggregate    | \$1,000,000 |

Retroactive Date:07/01/2025

**Certificate Holder:**

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

**APPLICATION FOR SANCTIONING**  
**Due Annually on July 5**

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 07/02/2025                      Select One:    Initial Application \_\_\_\_\_ Renewal X  
 Name of Sanctioned Organization:                      Lady Pioneers Basketball Booster Club  
 Official Mailing Address for the organization:                      314 Lewis St, Stillwater, OK 74074  
 Organization's Taxpayer I.D. Number: 99-4373856

**Organization President****Organization Treasurer**

Name: Stacy Watkins  
 Phone: 405.612.6547  
 Email: stacy@dupreesports.com

Name: Cecilia Wagner  
 Phone: 979.324.3933  
 Email: texaswagners@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: To provide financial support for the Lady Pioneers basketball teams.

Organizations's Website and/or Social Media Accounts: \_\_\_\_\_

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

APPLICATION FOR SANCTIONING (Cont.)

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

Cecilia Wagner/Treasurer

Organization Representative/Office Name and Position (printed)

Cecilia Wagner  
Signature

7/7/25  
Date

Talby Justus / Coach

School Faculty Sponsor / Athletic Coach Name (printed)

Talby Justus  
Signature

July 7, 2025  
Date

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)

Name of Organization/Association: Lady Pioneers Basketball Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

|                                      |    |         |            |
|--------------------------------------|----|---------|------------|
| Beginning Cash Balance, July 1, 2024 |    | \$      | 8596.08 ✓  |
| Collections:                         |    |         |            |
| Fundraiser, Merchandise Sales, Etc.  | \$ | 9263.23 |            |
| Donations                            | \$ | 1000.00 |            |
| Parent/Student Contributions         | \$ |         |            |
| Other (list):                        |    |         |            |
| Camp Fees                            | \$ | 3574.00 |            |
| _____                                | \$ |         |            |
| _____                                | \$ |         |            |
| _____                                | \$ |         |            |
| Total Collections                    | \$ |         | 13837.23   |
| Expenditures:                        |    |         |            |
| Fundraising Expenses                 | \$ | 943.40  |            |
| Other (list):                        |    |         |            |
| Camp Costs                           | \$ | 664.11  |            |
| Camp Costs - Referees                | \$ | 1080.00 |            |
| Printing                             | \$ | 1952.19 |            |
| Gear                                 | \$ | 3733.01 |            |
| Banquet / Homecoming / Sr. Night     | \$ | 672.64  |            |
| Snacks/Away Meals/Food               | \$ | 633.91  |            |
| Misc.                                | \$ | 978.17  |            |
| _____                                | \$ |         |            |
| Total Expenditures                   | \$ |         | 10657.43 ✓ |
| Ending Cash Balance, June 30, 2025   | \$ |         | 11775.88 ✓ |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Cecilia Wagner Date: 7/7/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT **FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)**

Name of Organization/Association: Lady Pioneers Basketball Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

|                                           |             |
|-------------------------------------------|-------------|
| Beginning Cash Balance, July 1, _____     | \$ 11775.88 |
| Collections:                              |             |
| Fundraiser, Merchandise Sales, Etc.       | \$ 6199.12  |
| Donations                                 | \$ 1000.00  |
| Parent/Student Contributions              | \$ 750.00   |
| Other (list):                             |             |
| _____                                     | \$ _____    |
| _____                                     | \$ _____    |
| _____                                     | \$ _____    |
| Total Collections                         | \$ 7949.12  |
| Expenditures:                             |             |
| Fundraising Expenses                      | \$ _____    |
| Other (list):                             |             |
| Camp Costs                                | \$ 1500.00  |
| Camp Referees                             | \$ 900.00   |
| Printing                                  | \$ 2025.00  |
| Gear                                      | \$ 4250.00  |
| Banquet/Homecoming/Sr Night               | \$ 950.00   |
| Snacks/Away Meals/Food                    | \$ 2700.00  |
| Misc                                      | \$ 150.00   |
| _____                                     | \$ _____    |
| _____                                     | \$ _____    |
| Total Expenditures                        | \$ 12775.00 |
| Ending Cash Balance, June 30, <u>2026</u> | \$ 7,200.00 |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-2026 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Cecilia Wagner Date: 7/7/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:  
 Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Kevin Wagner Date: 7/7/25

Representative: Fancy Waters Date: 7/7/25

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



MEMBER CERTIFICATE OF INSURANCE

07/07/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

Named Insured Member (mailing address):

Lady Pioneer Basketball Booster Club
Stacy Watkins or Current Officer
6222 Kenslow Dr
Stillwater, OK 74074

Named Insured & Mailing Address

Education Support Purchasing Group
c/o AIM
P.O. Box 742946
Dallas, TX 75374-2946

Producer Name

AIM Association Insurance
Management, Inc.
P.O. Box 742946
Dallas, TX 75374-2946

Named Insured Member (physical address):

6222 Kenslow Dr
Stillwater, OK 74074

Insured #: OKBO19197

Table with 5 columns: Coverage, Policy #, Effective Dates, Deductible, Limits of Insurance. Includes rows for General Liability with various sub-coverages like Concert Specialty Insurance Company, Damage to Rented Premises, Extended Medical, Personal & Advertising Injury, General Aggregate, and Products - Comp/Ops.

Certificate Holder:

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

Handwritten signature of EB

APPLICATION FOR SANCTIONING  
Due Annually on July 5

RECEIVED JUL 07 2025

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 7/7/2025 Select One: Initial Application \_\_\_\_\_ Renewal X

Name of Sanctioned Organization: Pioneer Golf Booster Club

Official Mailing Address for the organization: 4824 Country Club Ct.

Organization's Taxpayer I.D. Number: 46-3996296

Organization President

Organization Treasurer

Name: Steve Ruby

Name: Ashlee Robertson

Phone: (918) 606-6886

Phone: 765 414-0260

Email: Steve.ruby@biclawfirm.com

Email: AshleeRobertson14@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: To raise funds for boys and girls golf teams, grades 9-12. We help pay for meals, equipment, uniforms, tournament fees, and overnight trips.

Organizations's Website and/or Social Media Accounts: @SPSPioneerGolfBC

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

APPLICATION FOR SANCTIONING (Cont.)

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

Ashlee Robertson - Treasurer  
Organization Representative/Office Name and Position (printed)

Ashlee Robertson  
Signature

7/6/25  
Date

RANDALL PATZKOWSKI  
School Faculty Sponsor / Athletic Coach Name (printed)

[Signature]  
Signature

7/6/25  
Date

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 - JUNE 30)

Name of Organization/Association: Pioneer Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

Beginning Cash Balance, July 1, 2024

\$ 9,484.20 ✓

Collections:

|                                     |    |                  |
|-------------------------------------|----|------------------|
| Fundraiser, Merchandise Sales, Etc. | \$ |                  |
| Donations                           | \$ | <u>26,981.40</u> |
| Parent/Student Contributions        | \$ |                  |
| Other (list):                       | \$ |                  |
| <u>Interest Income</u>              | \$ | <u>1.93</u>      |
| <u>Hosted Girls Tournament fees</u> | \$ | <u>3,460.00</u>  |
| <u>WGA Grant</u>                    | \$ | <u>300.00</u>    |

\$ 30,743.33

Total Collections

Expenditures:

|                                        |    |                  |
|----------------------------------------|----|------------------|
| Fundraising Expenses                   | \$ |                  |
| Other (list):                          | \$ |                  |
| <u>Tournament fees &amp; expenses</u>  | \$ | <u>2,864.23</u>  |
| <u>Meals</u>                           | \$ | <u>3,423.62</u>  |
| <u>Eq. for mat Equipment</u>           | \$ | <u>11,169.07</u> |
| <u>Last year strength conditioning</u> | \$ | <u>4,710.00</u>  |
| <u>End of year banquet</u>             | \$ | <u>948.91</u>    |
| <u>Coaches Dues</u>                    | \$ | <u>80.00</u>     |
| <u>Hosting Girls Tournament</u>        | \$ | <u>3,331.84</u>  |
| <u>2024 Girls State Championship</u>   | \$ | <u>6,895.98</u>  |

\$ 33,235.94

Total Expenditures Misc

287.29

Ending Cash Balance, June 30, 2025

\$ 6,991.59 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Ashlee Robertson

Date: 7/6/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 - JUNE 30)

Name of Organization/Association: Pioneer Golf Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

Beginning Cash Balance, July 1, 2025

\$ 6,991.59

Collections:

Fundraiser, Merchandise Sales, Etc.

\$ 30,000

Donations

\$ \_\_\_\_\_

Parent/Student Contributions

\$ \_\_\_\_\_

Other (list):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Collections

\$ 30,000.00

Expenditures:

Fundraising Expenses

\$ \_\_\_\_\_

Other (list):

Breakfast tournaments

\$ 10,000

Meals & Snacks

\$ 4,000

Uniforms & Equipment

\$ 12,000

Coaches Plus

\$ 80

Banquet

\$ 1,000

Training

\$ 2,500

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Expenditures

\$ 29,580.00

Ending Cash Balance, June 30, 2026

\$ 7,411.59

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-2026 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Ashlee Robertson

Date: 7/6/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: *Karen Lively*

Date: 7-7-25

Representative: *Karen Lively*

Date: 7-7-25

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Invoice Code:  
:7/7/2025:S-OKBO19196\_214036



(800) 876-4044

[aim@aim-companies.com](mailto:aim@aim-companies.com)

---

### Payment Confirmation

---

Organization Name: Pioneer Golf Booster Club

Date: 7/7/2025

Insured #: OKBO19196

Policy Term: 07/08/2025 - 07/08/2026

---

| Coverage Information           | Limit            | Cost            |
|--------------------------------|------------------|-----------------|
| General Liability              | \$1,000,000      | \$195.00        |
| <b>TOTAL:</b>                  |                  | <b>\$195.00</b> |
| Payment Received:              |                  | \$195.00        |
| <br><u>Transaction Details</u> |                  |                 |
| Type                           | Account Number   | Amount Received |
| CreditCard                     | XXXXXXXXXXXX4242 | \$195.00        |
| <b>Amount Due:</b>             |                  | <b>\$0.00</b>   |

---

- Policies cancelled before the effective date are subject to a \$35 cancellation fee.
- Short term policies are subject to a minimum premium equivalent to 50% of the annual premium or \$50, whichever is greater, not to exceed the total annual premium.
- All premium and fees paid are fully earned at inception.

### APPLICATION FOR SANCTIONING Due Annually on July 5

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: July 3rd 2025 Select One: Initial Application \_\_\_\_\_ Renewal

Name of Sanctioned Organization: Pioneer Tennis Booster Club

Official Mailing Address for the organization: 3700 W. 19th Ave ILL, STW OK 74074

Organization's Taxpayer I.D. Number: 47-4364839

**Organization President**

Name: Brian Vaughn

Phone: 405-341-8818 / 250-2447

Email: \_\_\_\_\_

**Organization Treasurer**

Name: Will Beck

Phone: 816 489 3165

Email: wbeck@orv.edu

Organization's Purpose, Goals, and the Benefit to District Students: Raise money to help build and support SPS Tennis Program. The Booster club expects to support 30+ athletes in the HST JHS

Organizations's Website and/or Social Media Accounts: \_\_\_\_\_  
IG: Stillwater pioneer tennis

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

APPLICATION FOR SANCTIONING (Cont.)

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

Will Beck, Treasurer

Organization Representative/Office Name and Position (printed)

Beck

Signature

June 25, 2025

Date

Chance Sistruck, Head Coach

School Faculty Sponsor / Athletic Coach Name (printed)

Chance Sistruck

Signature

July 3rd 2025

Date

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 - JUNE 30)

Name of Organization/Association: Pioneer Tennis Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR \_\_\_\_\_

Beginning Cash Balance, July 1, 2024 \$ 5,109.91 ✓

Collections:

|                                     |                     |
|-------------------------------------|---------------------|
| Fundraiser, Merchandise Sales, Etc. | \$ _____            |
| Donations                           | \$ _____            |
| Parent/Student Contributions        | \$ _____            |
| Other (list):                       |                     |
| <u>Player Fees</u>                  | \$ <u>3525.00</u>   |
| <u>sponsorals</u>                   | \$ <u>20,058.00</u> |
| <u>other HS payment fees</u>        | \$ <u>1080.00</u>   |

Total Collections \$ 24,663

Expenditures:

|                                 |                 |
|---------------------------------|-----------------|
| Fundraising Expenses            | \$ _____        |
| Other (list):                   |                 |
| <u>unif forms</u>               | \$ <u>6800</u>  |
| <u>meals</u>                    | \$ <u>5470</u>  |
| <u>Team Guets</u>               | \$ <u>1500</u>  |
| <u>Banquet Food/Drcol</u>       | \$ <u>1700</u>  |
| <u>State Tournament</u>         | \$ <u>1400</u>  |
| <u>STW tournament</u>           | \$ <u>650</u>   |
| <u>Capital incurrment</u>       | \$ <u>3646</u>  |
| <u>State Champ Brick/Plaque</u> | \$ <u>1,500</u> |

Total Expenditures \$ 22,666.17

Ending Cash Balance, June 30, 2025 \$ 6,912.16 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the \_\_\_\_\_ school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Will Beck Date: June 30, 2025

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 - JUNE 30)

Name of Organization/Association: Pioneer Tennis Boosters Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

|                                             |                  |                     |
|---------------------------------------------|------------------|---------------------|
| Beginning Cash Balance, July 1, <u>2025</u> |                  | \$ <u>9,113.16</u>  |
| Collections:                                |                  |                     |
| Fundraiser, Merchandise Sales, Etc.         | \$ <u>15,500</u> |                     |
| Donations                                   | \$ _____         |                     |
| Parent/Student Contributions                | \$ <u>3,500</u>  |                     |
| Other (list):                               |                  |                     |
| <u>STW touring</u>                          | \$ <u>1,000</u>  |                     |
| _____                                       | \$ _____         |                     |
| _____                                       | \$ _____         |                     |
| Total Collections                           |                  | \$ <u>20,000</u>    |
| Expenditures:                               |                  |                     |
| Fundraising Expenses                        | \$ _____         |                     |
| Other (list):                               |                  |                     |
| <u>Uniforms</u>                             | \$ <u>5,000</u>  |                     |
| <u>meals</u>                                | \$ <u>3,500</u>  |                     |
| <u>Team Events</u>                          | \$ <u>1,500</u>  |                     |
| <u>investment equipment</u>                 | \$ <u>5,705</u>  |                     |
| <u>insurance</u>                            | \$ <u>195</u>    |                     |
| <u>Banquet</u>                              | \$ <u>1,600</u>  |                     |
| _____                                       | \$ _____         |                     |
| _____                                       | \$ _____         |                     |
| Total Expenditures                          |                  | \$ <u>17,500</u>    |
| Ending Cash Balance, June 30, <u>2026</u>   |                  | \$ <u>11,613.16</u> |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the \_\_\_\_\_ school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Will Beck Date: June 25, 2025

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Courtney B. Blandridge Combs Perry Date: 18 JUN 2025

Representative: [Signature] Rhoad Craig Date: 3 JULY 2025

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



MEMBER CERTIFICATE OF INSURANCE

06/18/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

Named Insured Member (mailing address):

Pioneer Tennis Booster Club
Will Beck or Current Officer
3700 W. 19th Ave #111
Stillwater, OK 74074

Named Insured & Mailing Address

Education Support Purchasing Group
c/o AIM
P.O. Box 742946
Dallas, TX 75374-2946

Producer Name

AIM Association Insurance
Management, Inc.
P.O. Box 742946
Dallas, TX 75374-2946

Named Insured Member (physical address):

3700 W. 19th Ave #111
Stillwater, OK 74074

Insured #: OKBO19155

Table with 5 columns: Coverage, Policy #, Effective Dates, Deductible, Limits of Insurance. Includes rows for General Liability with various sub-coverages like Concert Specialty Insurance Company, Damage to Rented Premises, Extended Medical, Personal & Advertising Injury, General Aggregate, and Products - Comp/Ops.

Certificate Holder:
Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

Handwritten signature of E.B. Allen



**MEMBER CERTIFICATE OF INSURANCE**

07/08/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Lady Pioneer Basketball Booster Club  
 Stacy Watkins or Current Officer  
 6222 Kenslow Dr  
 Stillwater, OK 74074

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Named Insured Member (physical address):**

6222 Kenslow Dr  
 Stillwater, OK 74074

**Insured #:** OKBO19197

| Coverage                                                 | Policy #       | Effective Dates     | Deductible | Limits of Insurance           |             |
|----------------------------------------------------------|----------------|---------------------|------------|-------------------------------|-------------|
| General Liability<br>Concert Specialty Insurance Company | GL2025AIM34376 | 07/08/25 - 07/08/26 | \$0        | Per Occurrence                | \$1,000,000 |
|                                                          |                | 07/08/25 - 07/08/26 |            | Damage to Rented Premises     | \$50,000    |
|                                                          |                | 07/08/25 - 07/08/26 |            | Extended Medical              | \$5,000     |
|                                                          |                | 07/08/25 - 07/08/26 |            | Personal & Advertising Injury | \$1,000,000 |
|                                                          |                | 07/08/25 - 07/08/26 |            | General Aggregate             | \$2,000,000 |
|                                                          |                |                     |            | Products - Comp/Ops           | \$2,000,000 |

**Certificate Holder:**

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

# CERTIFICATE OF COVERAGE

This "Certificate of Coverage", together with the master policy to which it is attached, constitute the policy issued to the "Certificate Holder". Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

|                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------|-----------------------------------------------|--------------|---------------------------------------|--------------|-----------------------|--------------|-----------------------------------------------------------|------------------|----------------------------------------|----------|---------------------------------|--------------|
| <b>POLICYHOLDER NAME AND ADDRESS:</b><br>Education Support Purchasing Group<br>c/o Association Insurance Management<br>P.O. Box 742946<br>Dallas, TX 75374-2946                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>CERTIFICATE HOLDER (NAMED INSURED) NAME AND ADDRESS:</b><br>Lady Pioneer Basketball Booster Club<br>6222 Kenslow Dr<br>Stillwater OK, 74074                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>Insured #</b> OKBO19197                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>The Certificate Holder is:</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization/Corporation <input type="checkbox"/> Trust |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <input checked="" type="checkbox"/> Other                      Non-Profit                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Location of Business:                                                                                                                                                                                        | 6222 Kenslow Dr<br>Stillwater OK, 74074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Business Description:                                                                                                                                                                                        | Booster Club                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>ITEM 1</b>                                                                                                                                                                                                | <b>COVERAGE PERIOD:</b> <b>Effective:</b> 07/08/2025 <b>To:</b> 07/08/2026<br>At 12:01 A.M. Standard Time at the mailing address of the policyholder shown above.<br><b>CERTIFICATE NUMBER:</b> GL2025AIM34376<br><b>PRIOR CERTIFICATE NUMBER:</b> NEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>ITEM 2</b>                                                                                                                                                                                                | <b>INSURER:</b><br>Concert Specialty Insurance Company<br>Master Policy Number: GL2025AIM00001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>ITEM 3</b>                                                                                                                                                                                                | <b>PRODUCER NAME AND ADDRESS:</b><br>AIM Association Insurance Management<br>P.O. Box 742946<br>Dallas, TX 75374-2946<br>Surplus Lines License #1615689                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>ITEM 4</b>                                                                                                                                                                                                | <b>SCHEDULE OF CHARGES:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Commercial General Liability Premium</td> <td style="text-align: right;">\$ 68.00</td> </tr> <tr> <td>Policy Fees</td> <td style="text-align: right;">\$ 117.98</td> </tr> <tr> <td>Surplus Lines Tax</td> <td style="text-align: right;">\$ 9.02</td> </tr> <tr> <td>Stamping Fee</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td><b>Grand Total</b></td> <td style="text-align: right;"><b>\$ 195.00</b></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Commercial General Liability Premium                               | \$ 68.00     | Policy Fees                                   | \$ 117.98    | Surplus Lines Tax                     | \$ 9.02      | Stamping Fee          | \$ 0.00      | <b>Grand Total</b>                                        | <b>\$ 195.00</b> |                                        |          |                                 |              |
| Commercial General Liability Premium                                                                                                                                                                         | \$ 68.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Policy Fees                                                                                                                                                                                                  | \$ 117.98                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Surplus Lines Tax                                                                                                                                                                                            | \$ 9.02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Stamping Fee                                                                                                                                                                                                 | \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>Grand Total</b>                                                                                                                                                                                           | <b>\$ 195.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| <b>ITEM 5</b>                                                                                                                                                                                                | <b>SCHEDULE OF CASUALTY COVERAGE AND LIMITS OF INSURANCE:</b><br><b>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">General Aggregate Limit (Other Than Products Completed Operations)</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>Products-Completed Operations Aggregate Limit</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>Personal and Advertising Injury Limit</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>Each Occurrence Limit</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>Damage to Premises Rented To You Limit (Any One Premises)</td> <td style="text-align: right;">\$ 50,000</td> </tr> <tr> <td>Medical Expense Limit (Any One Person)</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>Medical Expense Aggregate Limit</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table> | General Aggregate Limit (Other Than Products Completed Operations) | \$ 2,000,000 | Products-Completed Operations Aggregate Limit | \$ 2,000,000 | Personal and Advertising Injury Limit | \$ 1,000,000 | Each Occurrence Limit | \$ 1,000,000 | Damage to Premises Rented To You Limit (Any One Premises) | \$ 50,000        | Medical Expense Limit (Any One Person) | \$ 5,000 | Medical Expense Aggregate Limit | \$ 1,000,000 |
| General Aggregate Limit (Other Than Products Completed Operations)                                                                                                                                           | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Products-Completed Operations Aggregate Limit                                                                                                                                                                | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Personal and Advertising Injury Limit                                                                                                                                                                        | \$ 1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Each Occurrence Limit                                                                                                                                                                                        | \$ 1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Damage to Premises Rented To You Limit (Any One Premises)                                                                                                                                                    | \$ 50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Medical Expense Limit (Any One Person)                                                                                                                                                                       | \$ 5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |
| Medical Expense Aggregate Limit                                                                                                                                                                              | \$ 1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |              |                                               |              |                                       |              |                       |              |                                                           |                  |                                        |          |                                 |              |

**ABUSIVE CONDUCT LIMITED LIABILITY COVERAGE**

Abusive Conduct Each Incident Limit \$ Not Covered  
 Abusive Conduct Aggregate Limit \$ Not Covered  
 Deductible \$ Not Covered  
 Retroactive Date

**ELECTRONIC CHATROOM/BULLETIN BOARD ACTIVITIES COVERAGE**

Each Offense Limit \$ Not Covered  
 Aggregate Limit \$ Not Covered

**EMPLOYEE BENEFITS LIABILITY COVERAGE**

Each Employee Limit \$ Not Covered  
 Aggregate \$ Not Covered  
 Deductible (Each Employee) \$ Not Covered  
 Retroactive Date

**HIRED AND NON-OWNED AUTO LIABILITY COVERAGE**

Hired Auto Liability Limit (Per Occurrence) \$ Not Covered  
 Non-Owned Auto Liability Limit (Per Occurrence) \$ Not Covered

**ITEM 6 MASTER POLICY FORMS & ENDORSEMENT SCHEDULE**

| Form #         |       | Description                                                                                                   |
|----------------|-------|---------------------------------------------------------------------------------------------------------------|
| CG DS 01       | 10 01 | COMMERCIAL GENERAL LIABILITY DECLARATIONS                                                                     |
| CS IL 00 01    | 05 19 | SIGNATURE PAGE                                                                                                |
| CS IL 00 12    | 07 11 | SCHEDULE OF FORMS AND ENDORSEMENTS                                                                            |
| IL 00 17       | 11 98 | COMMON POLICY CONDITIONS                                                                                      |
| IL 00 21       | 09 08 | NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)                                                   |
| CS IL 00 19    | 10 12 | SERVICE OF SUITS - CONCERT SPECIALTY INSURANCE COMPANY                                                        |
| CS PN 04 99 TX | 07 23 | IMPORTANT NOTICE TO ALL TEXAS POLICYHOLDERS                                                                   |
| CS PN 04 99 75 | 06 20 | NOTICE TO POLICYHOLDER - TEXAS                                                                                |
| IL P 001       | 01 04 | U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS           |
| CG 00 01       | 04 13 | COMMERCIAL GENERAL LIABILITY COVERAGE FORM                                                                    |
| CS GL 06 02    | 06 20 | AMENDED - WHO IS AN INSURED                                                                                   |
| CS GL 06 04    | 12 22 | MEDICAL PAYMENTS COVERAGE                                                                                     |
| CS IL 30 68    | 06 20 | MINIMUM EARNED PREMIUM                                                                                        |
| CG 21 07       | 05 14 | EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA RELATED LIABILITY - LIMITED |
| CG 21 09       | 06 15 | BODILY INJURY EXCEPTION NOT INCLUDED                                                                          |
| CG 21 32       | 05 09 | EXCLUSION - UNMANNED AIRCRAFT                                                                                 |
| CG 21 33       | 11 85 | COMMUNICABLE DISEASE EXCLUSION                                                                                |
| CG 21 36       | 03 05 | EXCLUSION - DESIGNATED PRODUCTS                                                                               |
| CG 21 39       | 10 93 | EXCLUSION - NEW ENTITIES                                                                                      |
| CG 21 47       | 12 07 | CONTRACTUAL LIABILITY LIMITATION<br>EMPLOYMENT-RELATED PRACTICES EXCLUSION                                    |
| CG 21 55       | 09 99 | TOTAL POLLUTION EXCLUSION WITH HOSTILE FIRE EXCEPTION                                                         |
| CG 21 67       | 12 04 | FUNGI OR BACTERIA EXCLUSION                                                                                   |
| CG 21 96       | 03 05 | SILICA OR SILICA-RELATED DUST EXCLUSION                                                                       |
| CS GL 02 23    | 10 13 | ASBESTOS EXCLUSION                                                                                            |
| CS GL 02 35    | 10 13 | LEAD EXCLUSION                                                                                                |
| CS GL 02 89    | 06 13 | CROSS LIABILITY EXCLUSION INCLUDING SUITS BROUGHT BY EMPLOYEES                                                |
| CS GL 03 19    | 06 14 | EXCLUSION - PUNITIVE DAMAGES                                                                                  |
| CS GL 04 06    | 03 15 | ABUSIVE CONDUCT EXCLUSION                                                                                     |
| CS GL 05 42    | 03 19 | DEFENSE COSTS INCLUDED WITHIN LIMITS OF LIABILITY                                                             |
| CS GL 05 65    | 04 19 | RADON EXCLUSION                                                                                               |
| CS GL 06 62    | 06 20 | MOBILE EQUIPMENT EXCLUSION AMENDED                                                                            |
| CS GL 06 07    | 06 20 | PYROTECHNICS AND EXPLOSIVES EXCLUSION                                                                         |



**APPLICATION FOR SANCTIONING**  
**Due Annually on July 5**

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 07/01/2025                      Select One:    Initial Application \_\_\_\_\_ Renewal X

Name of Sanctioned Organization: Richmond Parent Teacher Organization

Official Mailing Address for the organization: 201 W Richmond Rd; Stillwater, OK 74075

Organization's Taxpayer I.D. Number: 73-1391311

**Organization President**

**Organization Treasurer**

Name: Saralynn Boren

Name: Leann DeLong

Phone: 405-714-3785

Phone: 405-714-2920

Email: borensaralynn@gmail.com

Email: leanndelong@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: 1) Promote the welfare of children; 2) raise the standard of home life; 3) secure adequate laws for the care and protection of children; 4) bring home and school closer that parents and teachers may cooperate intelligently in the education of children; 5) Unify efforts between educators and the general public to secure for all children the highest advantages in education.

Organizations's Website and/or Social Media Accounts: \_\_\_\_\_

https://richmondsps.ptboard.com/

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

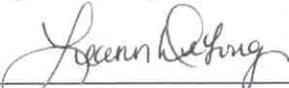
**APPLICATION FOR SANCTIONING (Cont.)**

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

Leann DeLong, Treasurer

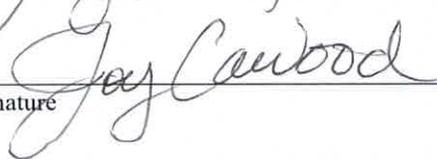
Organization Representative/Office Name and Position (printed)

  
Signature

07/01/2025

Date

- Joy Carwood  
School/Faculty Sponsor / Athletic Coach Name (printed)

  
Signature

7/1/2025  
Date

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)

Name of Organization/Association: Richmond Parent Teacher Organization

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024/2025

Beginning Cash Balance, July 1, 2024 \$ 25,712.09 ✓

|                                     |                     |
|-------------------------------------|---------------------|
| Collections:                        |                     |
| Fundraiser, Merchandise Sales, Etc. | \$ 24,954.05        |
| Donations                           | \$ 1,947.21         |
| Parent/Student Contributions        | \$ 2,716.38         |
| Other (list):                       |                     |
| Interest Income                     | \$ 231.54           |
| Restaurant/Business Nights          | \$ 3,339.21         |
| Rocket Run                          | \$ 31,197.12        |
| <b>Total Collections</b>            | <b>\$ 64,385.51</b> |

|                                      |              |
|--------------------------------------|--------------|
| Expenditures:                        |              |
| Fundraising Expenses                 | \$ 15,154.87 |
| Other (list):                        |              |
| Equipment & Depreciation             | \$ 9,138.22  |
| Office Expenses                      | \$ 4,491.02  |
| Teacher Appreciation & Reimbursement | \$ 6,332.53  |
| Special Programs                     | \$ 10,913.42 |
|                                      | \$           |
|                                      | \$           |
|                                      | \$           |
|                                      | \$           |

Total Expenditures \$ 46,030.06

Ending Cash Balance, June 30, 2025 \$ 44,049.36 *\$44,017.54*

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: *Joann Helbing* Date: 07/01/2025

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

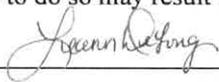
ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)

Name of Organization/Association: Richmond Parent Teacher Organization

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

|                                             |                  |                     |
|---------------------------------------------|------------------|---------------------|
| Beginning Cash Balance, July 1, <u>2025</u> |                  | <u>\$ 44,067.54</u> |
| Collections:                                |                  |                     |
| Fundraiser, Merchandise Sales, Etc.         | <u>\$ 50,000</u> |                     |
| Donations                                   | <u>\$ 5,000</u>  |                     |
| Parent/Student Contributions                | <u>\$</u>        |                     |
| Other (list):                               |                  |                     |
| _____                                       | <u>\$</u>        |                     |
| _____                                       | <u>\$</u>        |                     |
| _____                                       | <u>\$</u>        |                     |
| Total Collections                           |                  | <u>\$ 55,000.00</u> |
| Expenditures:                               |                  |                     |
| Fundraising Expenses                        | <u>\$ 20,000</u> |                     |
| Other (list):                               |                  |                     |
| Office Expenses                             | <u>\$ 5,000</u>  |                     |
| Teacher Appreciation & Reimbursement        | <u>\$ 7,000</u>  |                     |
| Special Programs                            | <u>\$ 15,000</u> |                     |
| Equipment & Depreciation                    | <u>\$ 30,000</u> |                     |
| _____                                       | <u>\$</u>        |                     |
| Total Expenditures                          |                  | <u>\$ 77,000.00</u> |
| Ending Cash Balance, June 30, <u>2026</u>   |                  | <u>\$ 22,067.54</u> |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-2026 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer:  Date: 07/01/2025

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Ashley L. Kille Date: 07/02/2025

Representative: \_\_\_\_\_ Date: 07/02/2025

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

**ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION**

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

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Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

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To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Brodiane Chesser

Date: 07/02/2025

Representative: \_\_\_\_\_

Date: 07/02/2025

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

2

**Stillwater PTO**

July 2024-June 2025 Cash Flow Proof

|                           |           |           |
|---------------------------|-----------|-----------|
| BOY Cash                  | 7/1/2024  | 25,712.09 |
| EOY Cash                  | 6/30/2025 | 44,067.54 |
| Net Cash Inc/Dec for Year |           | 18,355.45 |

**DEPOSITS**

*Interest Income*

|           |       |        |
|-----------|-------|--------|
| July      | 11.26 |        |
| August    | 11.34 |        |
| September | 11.01 |        |
| October   | 19.84 |        |
| November  | 23.81 |        |
| December  | 25.52 |        |
| January   | 23.94 |        |
| February  | 19.69 |        |
| March     | 23.40 |        |
| April     | 22.00 |        |
| May       | 21.55 |        |
| June      | 18.18 |        |
| Total     |       | 231.54 |

Running Balance

|           |                   |
|-----------|-------------------|
| July      | 27,221.18         |
| August    | 25,997.34         |
| September | 29,521.25         |
| October   | 58,290.00         |
| November  | 57,043.09         |
| December  | 62,248.21         |
| January   | 53,625.70         |
| February  | 51,707.38         |
| March     | 56,195.82         |
| April     | 52,758.41         |
| May       | 49,632.60         |
| June      | 44,067.54 - check |

*Deposits / Fundraising*

|           |           |           |
|-----------|-----------|-----------|
| July      | 1,896.58  |           |
| August    | -         |           |
| September | 5,168.49  |           |
| October   | 37,045.41 |           |
| November  | 2,179.17  |           |
| December  | 9,048.25  |           |
| January   | 44.05     |           |
| February  | 3,301.58  |           |
| March     | 13,006.30 |           |
| April     | 2,317.36  |           |
| May       | 2,129.14  |           |
| June      | -         |           |
| Total     |           | 76,136.33 |

**WITHDRAWALS**

|           |          |             |
|-----------|----------|-------------|
| July      | 398.75   |             |
| August    | 1,235.18 |             |
| September | 1,655.59 |             |
| October   | 8,296.50 |             |
| November  | 3,449.89 |             |
| December  | 3,868.65 |             |
| January   | 8,690.50 |             |
| February  | 5,239.59 |             |
| March     | 8,541.26 |             |
| April     | 5,776.77 |             |
| May       | 5,276.50 |             |
| June      | 5,583.24 |             |
| Total     |          | (58,012.42) |

**NET INCREASE (DECREASE)**

18,355.45

- check

3



# MEMBER CERTIFICATE OF INSURANCE

07/04/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Richmond Parent Teacher Organization  
Leann DeLong or Current Officer  
201 W Richmond Rd  
Stillwater, OK 74075

**Named Insured & Mailing Address**

Education Support Purchasing Group  
c/o AIM  
P.O. Box 742946  
Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
Management, Inc.  
P.O. Box 742946  
Dallas, TX 75374-2946

**Named Insured Member (physical address):**

201 W Richmond Rd  
Stillwater, OK 74075

Insured #: OKPO20565

| Coverage                                                      | Policy #       | Effective Dates     | Deductible | Limits of Insurance                       |
|---------------------------------------------------------------|----------------|---------------------|------------|-------------------------------------------|
| General Liability<br>Concert Specialty Insurance Company      | GL2025AIM34218 | 07/04/25 - 07/04/26 | \$0        | Per Occurrence \$1,000,000                |
|                                                               |                | 07/04/25 - 07/04/26 |            | Damage to Rented Premises \$50,000        |
|                                                               |                | 07/04/25 - 07/04/26 |            | Extended Medical \$5,000                  |
|                                                               |                | 07/04/25 - 07/04/26 |            | Personal & Advertising Injury \$1,000,000 |
| Fidelity Bond (Crime)<br>Concert Specialty Insurance Company  | CR2025AIM25499 | 07/04/25 - 07/04/26 | \$250      | General Aggregate \$2,000,000             |
|                                                               |                |                     |            | Products - Comp/Ops \$2,000,000           |
| Directors and Officers<br>Concert Specialty Insurance Company | DO2025AIM28889 | 07/04/25 - 07/04/26 | \$0        | Per Occurrence / Aggregate \$10,000       |

Retroactive Date:07/04/2025

**Certificate Holder:**  
Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

**APPLICATION FOR SANCTIONING**  
**Due Annually on July 5**

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 07/21/2025                      Select One:    Initial Application \_\_\_\_\_ Renewal X \_\_\_\_\_

Name of Sanctioned Organization:                      SHS Cheer Booster

Official Mailing Address for the organization:                      3915 W. Eagle Creek Ave., Stillwater, OK 74074

Organization's Taxpayer I.D. Number: 26-2821104

**Organization President**

**Organization Treasurer**

Name: Kristi Duhon

Name: Amy Jo Dearing

Phone: 405-747-6804

Phone: 405-301-3155

Email: duhons@att.net

Email: amyjo.dearing@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: to provide additional financial support and funding with fundraising opportunities for SHS Cheer.

Organizations's Website and/or Social Media Accounts: stillwaterschools.com/athletic/spiritsquad

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

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**Due Annually on July 5**

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Date Submitted: 07/21/2025

Select One: Initial Application \_\_\_\_\_ Renewal X

Name of Sanctioned Organization:

SHS Cheer Booster

Official Mailing Address for the organization:

3915 W. Eagle Creek Ave., Stillwater, OK 74074

Organization's Taxpayer I.D. Number: 26-2821104

**Organization President**

**Organization Treasurer**

Name: Kristi Duhon

Name: Amy Jo Dearing

Phone: 405-747-6804

Phone: 405-301-3155

Email: duhons@att.net

Email: amyjo.dearing@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: to provide additional financial support

and funding with fundraising opportunities for SHS Cheer.

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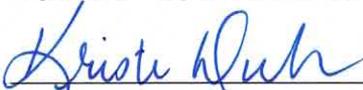
**APPLICATION FOR SANCTIONING (Cont.)**

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

**Kristi Duhon, President**

Organization Representative/Office Name and Position (printed)

  
Signature

July 21, 2025

Date

**Lauren Duhon, SHS Cheer/Stunt Coach**

School Faculty Sponsor / Athletic Coach Name (printed)

  
Signature

July 21, 2025

Date

\*SEE THE BREAKDOWN ON THE NEXT PAGE →

STILLWATER BOARD OF EDUCATION

CFBB-E

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)

Name of Organization/Association: SHS Cheer Booster

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

Beginning Cash Balance, July 1, \_\_\_\_\_ \$ 4199.90 ✓

Collections:

Fundraiser, Merchandise Sales, Etc. \$ \_\_\_\_\_

Donations \$ \_\_\_\_\_

Parent/Student Contributions \$ \_\_\_\_\_

Other (list): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Collections \_\_\_\_\_ \$ 50,602.37

Expenditures:

Fundraising Expenses \$ \_\_\_\_\_

Other (list): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Expenditures \_\_\_\_\_ \$ 40,154.61

Ending Cash Balance, June 30, 2025 \$ 10,447.76 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the \_\_\_\_\_ school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Krista Wulm

Date: July 21, 2025

Title: President

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Profit and Loss  
 SHS Cheer Boosters  
 July 1, 2024-June 30, 2025

| DISTRIBUTION ACCOUNT        | TOTAL              |
|-----------------------------|--------------------|
| Income                      | 25,022.51          |
| Athlete Payments            | 7,415.00           |
| Calendar Sales              | 2,688.55           |
| Cheer Clinic                | 852.00             |
| Fall Flower Fundraiser      | 3,755.00           |
| Monthly Booster Dues        | 411.00             |
| Non-Profit Income           | 558.91             |
| Restaurant Fundraiser       | 4,899.50           |
| Spring Fundraiser           | 800.00             |
| SYFA Cheer                  | 4,199.90           |
| Uncategorized Income        | \$50,602.37        |
| <b>Total for Income</b>     | <b>\$50,602.37</b> |
| Cost of Goods Sold          | <b>\$50,602.37</b> |
| <b>Gross Profit</b>         | <b>\$0</b>         |
| Expenses                    | 441.00             |
| Bank Charges & Fees         | 4,130.00           |
| Calendar Fundraiser         | 8,450.00           |
| Cheer Camp                  | 6,900.04           |
| Choreography                | 423.00             |
| Competition Fees            | 266.17             |
| Job Supplies                | 1,249.98           |
| Meals & Entertainment       | 7,662.53           |
| Nationals                   | 36.83              |
| Office Supplies & Software  | 4,499.53           |
| Travel                      | 6,095.53           |
| Uniforms/Team Wear          | \$40,154.61        |
| <b>Total for Expenses</b>   | <b>\$40,154.61</b> |
| <b>Net Operating Income</b> | <b>\$10,447.76</b> |
| Other Income                |                    |
| Other Expenses              | 0                  |
| <b>Net Other Income</b>     | <b>0</b>           |
| <b>Net Income</b>           | <b>\$10,447.76</b> |

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)

Name of Organization/Association: SHS Cheer Booster

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

|                                               |                     |                     |
|-----------------------------------------------|---------------------|---------------------|
| Beginning Cash Balance, July 1, _____         |                     | \$ <u>10,447.76</u> |
| Collections:                                  |                     |                     |
| Fundraiser, Merchandise Sales, Etc.           | \$ <u>22,000.00</u> |                     |
| Donations                                     | \$ _____            |                     |
| Parent/Student Contributions                  | \$ <u>16,340.00</u> |                     |
| Other (list):                                 | \$ _____            |                     |
| _____                                         | \$ _____            |                     |
| _____                                         | \$ _____            |                     |
| _____                                         | \$ _____            |                     |
| Total Collections                             |                     | \$ <u>38,340.00</u> |
| Expenditures:                                 |                     |                     |
| Fundraising Expenses                          | \$ _____            |                     |
| Other (list):                                 |                     |                     |
| Camp                                          | \$ <u>10,800.00</u> |                     |
| Nationals                                     | \$ <u>27,000.00</u> |                     |
| Uniforms/Squad Attire                         | \$ <u>7,110.00</u>  |                     |
| Asst. Coach/Tumbling Coach                    | \$ <u>5,400.00</u>  |                     |
| Misc. (Equip/Gameday meals, Stunt Fees, etc.) | \$ <u>5,400.00</u>  |                     |
| _____                                         | \$ _____            |                     |
| _____                                         | \$ _____            |                     |
| _____                                         | \$ _____            |                     |
| Total Expenditures                            |                     | \$ <u>54,270.00</u> |
| Ending Cash Balance, June 30, <u>2026</u>     |                     | \$ <u>5,482.24</u>  |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-2026 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: *Krista H. Duh*

Date: July 21, 2025

Title: President

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

**ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION**

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: *Kristi Duhon* Date: July 21, 2025  
Kristi Duhon, President

Representative: *Lauren Duhon* Date: July 21, 2025  
Lauren Duhon, SHS Cheer/Stunt Coach

Representative: *Amy Jo Dearinger* Date: July 21, 2025  
Amy Jo Dearinger, Treasurer

Representative: *Cady Walsted* Date: 7-21-2025

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**MEMBER CERTIFICATE OF INSURANCE**

07/18/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Stillwater High School Cheer Boosters  
 Kristi Duhon or Current Officer  
 3915 W. Eagle Creek Ave  
 Stillwater, OK 74074

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Named Insured Member (physical address):**

3915 W. Eagle Creek Ave  
 Stillwater, OK 74074

Insured #: OKBO19218

| Coverage                                                                | Policy #       | Effective Dates     | Deductible | Limits of Insurance           |             |
|-------------------------------------------------------------------------|----------------|---------------------|------------|-------------------------------|-------------|
| General Liability<br><small>Concert Specialty Insurance Company</small> | GL2025AIM35009 | 07/19/25 - 07/19/26 | \$0        | Per Occurrence                | \$1,000,000 |
|                                                                         |                | 07/19/25 - 07/19/26 |            | Damage to Rented Premises     | \$50,000    |
|                                                                         |                | 07/19/25 - 07/19/26 |            | Extended Medical              | \$5,000     |
|                                                                         |                | 07/19/25 - 07/19/26 |            | Personal & Advertising Injury | \$1,000,000 |
|                                                                         |                | 07/19/25 - 07/19/26 |            | General Aggregate             | \$2,000,000 |
|                                                                         |                |                     |            | Products - Comp/Ops           | \$2,000,000 |

**Certificate Holder:**

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

APPLICATION FOR SANCTIONING
Due Annually on July 5

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: July 28th, 2025 Select One: Initial Application Renewal X

Name of Sanctioned Organization: SHS Lady Pioneer Softball Booster Club

Official Mailing Address for the organization: 601 S Washington St #146 Stillwater, OK 74074

Organization's Taxpayer I.D. Number:

Organization President Name: Kelsey Vaughn Phone: 918-607-7802 Email: kels9382@gmail.com

Organization Treasurer Name: Toby Deal Phone: 405-338-8421 Email: rea16dea1@yahoo.com

Organization's Purpose, Goals, and the Benefit to District Students: Raise money to ensure successful season for the Lady Pioneer Softball players.

Organizations's Website and/or Social Media Accounts: SHS Lady Pioneer Softball, SJHS Softball, Stillwater Lady Pioneer Softball on Facebook accts

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

APPLICATION FOR SANCTIONING (Cont.)

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

Toby Deal Treasurer  
 Organization Representative/Office Name and Position (printed)

Toby Deal  
 Signature

7/27/2025  
 Date

\* Karie Linsenmeyer - Coach  
 School Faculty Sponsor / Athletic Coach Name (printed)

Karie Linsenmeyer  
 Signature

7/27/25  
 Date

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT **FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)**

Name of Organization/Association: SHS Lady Pioneer Softball Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024

Beginning Cash Balance, July 1, 2024 \$ 11,680.04 ✓

Collections:

|                                       |    |                  |
|---------------------------------------|----|------------------|
| Fundraiser, Merchandise Sales, Etc.   | \$ | <u>15,330.00</u> |
| Donations                             | \$ | <u>10,000.00</u> |
| Parent/Student Contributions          | \$ | <u>10,338.14</u> |
| Other (list):                         |    |                  |
| <u>CONCESSION SALES</u>               | \$ | <u>1000.00</u>   |
| <u>EVENTS /Chipotle /Parking/trip</u> | \$ | <u>2565.00</u>   |
| <u>Football Concession</u>            | \$ | <u>1000.00</u>   |

Total Collections

\$ 40,233.74

Expenditures:

|                                  |    |                 |
|----------------------------------|----|-----------------|
| Fundraising Expenses             | \$ |                 |
| Other (list):                    |    |                 |
| <u>Coach Stipends</u>            | \$ | <u>5260.10</u>  |
| <u>Tournament Fees</u>           | \$ | <u>1150.00</u>  |
| <u>Banners Signs</u>             | \$ | <u>2132.32</u>  |
| <u>In /Out State travel</u>      | \$ | <u>3755.66</u>  |
| <u>Field Supply /Maintenance</u> | \$ | <u>4596.73</u>  |
| <u>Concession Supplies</u>       | \$ | <u>2759.68</u>  |
| <u>State Tournament</u>          | \$ | <u>1152.88</u>  |
| <u>Banquet /Events /other</u>    | \$ | <u>8,834.49</u> |

Total Expenditures

\$ 29,641.84

Ending Cash Balance, June 30, \_\_\_\_\_

\$ 22,271.94 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Toby Deal

Date: 7/27/2025

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)

Name of Organization/Association: SHS Lady Pioneer Softball Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025

Beginning Cash Balance, July 1, 2025 \$ 22,271.94

Collections:

|                                     |                     |
|-------------------------------------|---------------------|
| Fundraiser, Merchandise Sales, Etc. | \$ <u>8,000.00</u>  |
| Donations <u>locker Room</u>        | \$ <u>30,000.00</u> |
| Parent/Student Contributions        | \$ <u>10,000.00</u> |
| Other (list):                       |                     |
| <u>Concession Sales</u>             | \$ <u>10,000.00</u> |
| <u>Events</u>                       | \$ <u>1,500.00</u>  |
|                                     | \$                  |

\$ 50,500.00

Total Collections

Expenditures:

|                                 |                     |
|---------------------------------|---------------------|
| Fundraising Expenses            | \$ _____            |
| Other (list):                   |                     |
| <u>locker Rooms</u>             | \$ <u>29,000.00</u> |
| <u>concession</u>               | \$ <u>2500.00</u>   |
| <u>Tournament /travel/ Fees</u> | \$ <u>7,500.00</u>  |
| <u>Field Supply Maintenance</u> | \$ <u>4,500.00</u>  |
| <u>concession supplies</u>      | \$ <u>2,000.00</u>  |
| <u>Banneret/Events/Other</u>    | \$ <u>7,500.00</u>  |
| <u>Banners / signs</u>          | \$ <u>2,200.00</u>  |
|                                 | \$                  |

\$ 55,200.00

Total Expenditures

Ending Cash Balance, June 30, 2026

\$ 17,571.94

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Toby Deal

Date: 7/27/2025

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

**ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION**

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Toby Deal Date: 7/27/2025

Representative: Kelsey Vaughn Date: 7/27/2025

Representative: Jabi Deal Date: 7/27/2025

Representative: April Gberg Date: 7/28/2025

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



MEMBER CERTIFICATE OF INSURANCE

07/24/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

Named Insured Member (mailing address):

Stillwater High School Softball Booster Club
Toby Deal or Current Officer
3512 N Ramsey St
Stillwater, OK 74075

Named Insured & Mailing Address

Education Support Purchasing Group
c/o AIM
P.O. Box 742946
Dallas, TX 75374-2946

Producer Name

AIM Association Insurance
Management, Inc.
P.O. Box 742946
Dallas, TX 75374-2946

Named Insured Member (physical address):

3512 N Ramsey St
Stillwater, OK 74075

Insured #: OKBO19223

Table with 5 columns: Coverage, Policy #, Effective Dates, Deductible, Limits of Insurance. Includes rows for General Liability with various sub-coverages like Concert Specialty Insurance Company, Damage to Rented Premises, Extended Medical, Personal & Advertising Injury, General Aggregate, and Products - Comp/Ops.

Certificate Holder: Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

Handwritten signature of EB Allen

**APPLICATION FOR SANCTIONING**  
**Due Annually on September 1**

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: July 7, 2025

Select One: Initial Application  Renewal

Name of Sanctioned Organization:

Stillwater HS Swim Booster Club

Official Mailing Address for the organization:

314 S Lewis St. Stillwater, OK 74074

Organization's Taxpayer I.D. Number: 14-1917360

**Organization President**

Name: Jeanette Mendez

Phone: 405-714-3561

Email: jeanettemendez@yahoo.com

**Organization Treasurer**

Name: Greta Sisneros

Phone: 303-562-8042

Email: gertjos@hotmail.com

Organization's Purpose, Goals, and the Benefit to District Students: To provide financial support for Stillwater High School Swim Teams

Organizations's Website and/or Social Media Accounts: https://www.facebook.com/SwimmingSHS/

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

**APPLICATION FOR SANCTIONING (Cont.)**

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Sign and date this application and have the school faculty sponsor review and sign (required).
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Email or deliver the application and attachments to:

Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074

6. Signing this form certifies that you agree to attend mandatory district training

**Jeanette Mendez-President**

Organization Representative/Office Name and Position (printed)

Signature

7/7/2025

Date

**Angela Knott**

School Faculty Sponsor / Athletic Coach Name (printed)

Signature

7/7/2025

Date

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)

Name of Organization/Association: Stillwater HS Swim Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

|                                             |             |              |   |
|---------------------------------------------|-------------|--------------|---|
| Beginning Cash Balance, July 1, <u>2024</u> |             | \$ 8,299.04  | ✓ |
| Collections:                                |             |              |   |
| Fundraiser, Merchandise Sales, Etc.         | \$ 8,242.07 |              |   |
| Donations                                   | \$ 2,450.00 |              |   |
| Parent/Student Contributions                | \$ 3,905    |              |   |
| Other (list):                               | \$          |              |   |
| _____                                       | \$          |              |   |
| _____                                       | \$          |              |   |
| _____                                       | \$          |              |   |
| Total Collections                           |             | \$ 14,597.07 |   |
| Expenditures:                               |             |              |   |
| Fundraising Expenses                        | \$ 1,483.69 |              |   |
| Other (list):                               |             |              |   |
| Gear                                        | \$ 3,155.86 |              |   |
| Meals/Snacks                                | \$ 4,037.27 |              |   |
| Banquets                                    | \$ 2,215.49 |              |   |
| Advertising                                 | \$ 1,265.00 |              |   |
| _____                                       | \$          |              |   |
| _____                                       | \$          |              |   |
| _____                                       | \$          |              |   |
| _____                                       | \$          |              |   |
| Total Expenditures                          |             | \$ 12,157.31 |   |
| Ending Cash Balance, June 30, <u>2025</u>   |             | \$ 10,738.80 | ✓ |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Greta Sisneros Date: 7/7/25  
Title: Greta Sisneros- Treasurer

Received and reviewed by Chief Financial Officer:  
Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

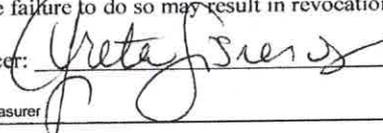
ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT **FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)**

Name of Organization/Association: Stillwater HS Swim Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

|                                             |                    |                              |
|---------------------------------------------|--------------------|------------------------------|
| Beginning Cash Balance, July 1, <u>2025</u> |                    | <u>\$ 10,738.80 (Actual)</u> |
| Collections:                                |                    |                              |
| Fundraiser, Merchandise Sales, Etc.         | <u>\$ 8,000.00</u> |                              |
| Donations                                   | <u>\$ 2,000.00</u> |                              |
| Parent/Student Contributions                | <u>\$ 4,000.00</u> |                              |
| Other (list):                               | <u>\$</u>          |                              |
| _____                                       | <u>\$</u>          |                              |
| _____                                       | <u>\$</u>          |                              |
| _____                                       | <u>\$</u>          |                              |
| Total Collections                           |                    | <u>\$ 14,000.00</u>          |
| Expenditures:                               |                    |                              |
| Fundraising Expenses                        | <u>\$ 2,000.00</u> |                              |
| Other (list):                               |                    |                              |
| Gear                                        | <u>\$ 2,000.00</u> |                              |
| Meals/Snacks                                | <u>\$ 3,500.00</u> |                              |
| Banquets                                    | <u>\$ 4,500.00</u> |                              |
| Advertising                                 | <u>\$ 1,500.00</u> |                              |
| _____                                       | <u>\$</u>          |                              |
| Total Expenditures                          |                    | <u>\$ 14,000.00</u>          |
| Ending Cash Balance, June 30, <u>2026</u>   |                    | <u>\$ 10,738.80</u>          |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the \_\_\_\_\_ school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer:  Date: 7/7/25  
Title: Greta Sisneros-Treasurer

Received and reviewed by Chief Financial Officer:  
Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

**ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION**

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Morgan Scott

Date: 07/07/2025

Representative: Darrell Johnson

Date: 07/07/2025

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_



Your agent

Jeff Millerd

3916 W 6th Avenue  
Stillwater OK 74074-1745

Phone: 405-372-4242

JEANETTE MENDEZ  
3503 S WESTERN RD  
STILLWATER OK 74074-2403

SHS Swim Team  
Booster Club



Would you like to go paperless?  
Scan QR or visit [statefarm.com/paperless](http://statefarm.com/paperless) to sign up today.



# Payment Receipt

Thank you for your payment. Here's your receipt.

We received payment from your financial card ending in 6590 in the amount of \$210.00 on July 28, 2025.

We applied your payment as described below. If you did not authorize this transaction, or believe you received this information in error, please contact your State Farm® agent. When calling, please use your payment reference number GX9P33KG.

| Policy number                                          | Policy type                                  | Amount paid     |
|--------------------------------------------------------|----------------------------------------------|-----------------|
| 96-GG-8018-8                                           | Businessowners Coverage<br>3503 S Western Rd | \$210.00        |
| <b>Total amount paid to Billing Account 1368760970</b> |                                              | <b>\$210.00</b> |

## THANK YOU FOR YOUR PAYMENT. WE APPRECIATE YOUR BUSINESS.

This receipt is for the payment towards the policies and/or accounts listed above and it does not reflect policy or account balances. The date and/or time on this receipt may not be the same as coverage effective date(s). Check coverage documents for coverage effective date(s). State Farm considers a payment to be accepted if it meets the policy provisions and payment is collected. If State Farm is unable to collect payment for any reason this receipt is void. You guarantee you own or have legal access to the financial account you've indicated for this payment and payment complies with applicable law. State Farm may initiate adjustments for any transactions debited/credited in error. Overpayments will be applied to your outstanding balance or added to your policy as applicable.

Policies identified on this receipt are provided by one or more State Farm affiliates. The State Farm affiliates include the listed entities and any other subsidiary or affiliate hereafter formed or acquired by State Farm Mutual Automobile Insurance Company. Please also note that a currently listed entity may also stop offering this agreement:

- State Farm Mutual Automobile Insurance Company
- State Farm Classic Insurance Company
- State Farm Indemnity Company
- State Farm County Mutual Insurance Company of Texas
- State Farm Fire and Casualty Company
- State Farm General Insurance Company
- State Farm Florida Insurance Company
- State Farm Lloyds
- State Farm Life Insurance Company
- State Farm Life and Accident Assurance Company
- State Farm Guaranty Insurance Company

Please refer to your policy or contact your State Farm agent for more information.



BY: \_\_\_\_\_

# Business Binder-Receipt

## Policy Type — Business Insurance

**Policy number:** 96-GG-8018-8**Effective date:** July 24, 2025

### PRIMARY NAMED INSURED

**Prepared for:** JEANETTE MENDEZ**Address:**3503 S WESTERN RD  
STILLWATER, OK 74074-2403

### POLICY PREMIUM

**Total annual premium:** \$210.00

### SECTION I - PROPERTY

| Location number | Location of Described Premises                | Limit of Insurance Coverage A Building | Limit of Insurance Coverage B Business Personal Property |
|-----------------|-----------------------------------------------|----------------------------------------|----------------------------------------------------------|
| 001             | 3503 S Western Rd<br>Stillwater OK 74074-2403 | No Coverage                            | \$5,000<br>Replacement Cost                              |

### SECTION II - LIABILITY

| Coverage                                       | Limits      |
|------------------------------------------------|-------------|
| Coverage L - Business Liability Per Occurrence | \$1,000,000 |
| Coverage M - Medical Expenses Each Person      | \$5,000     |
| Aggregate Limits                               | Limits      |
| Products/Completed Operations Aggregate        | \$2,000,000 |
| General Aggregate                              | \$2,000,000 |

### DEDUCTIBLES

| Section I Deductibles | Amount  |
|-----------------------|---------|
| Policy Deductible     | \$1,000 |

### ADDITIONAL ENDORSEMENTS

#### Inland Marine — Computer Property

Computer hardware/software limit: \$25,000  
Loss of income and extra expense limit: \$25,000  
Deductible: \$500

## Your State Farm Agent

### Jeff Millerd

3916 W 6th Avenue

Stillwater, OK 74074-1745

**Bus:** 405-372-4242 ext.

BINDER: State Farm® will provide coverage to the applicant and his or her legal representative on the property described for up to ninety (90) days from the Effective Date, subject to all terms and conditions of the policy and endorsements for which application has been made. If no Effective Date is indicated, this Binder does not provide any coverage. This Binder will be void when the declarations page is issued on the policy for which application has been made or when coverage under this Binder is canceled in accordance with policy provisions.

The premium due State Farm for the coverage provided by this Binder will be the full annual premium for the policy for which the application has been made, and will be pro-rated for the length of time coverage is provided under this Binder.

If coverage in this Binder replaces coverage in other policies terminating at 12 Noon (Standard Time) on the inception date of this Binder, this Binder will be effective at 12 Noon (Standard Time) instead of 12:01 a.m. Standard Time.

**APPLICATION FOR SANCTIONING**  
**Due Annually on July 5**

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 07/03/2025

Select One: Initial Application  Renewal

Name of Sanctioned Organization:

SHS Volleyball Booster Club

Official Mailing Address for the organization:

PO Box 562, Stillwater, OK 74076

Organization's Taxpayer I.D. Number: 27-0477199

**Organization President**

Name: Jake Fahlenkamp

Phone: 918-407-5166

Email: stwvolleyball.treasurer@gmail.com

**Organization Treasurer**

Name: Jake Fahlenkamp

Phone: 918-407-5166

Email: stwvolleyball.treasurer@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: Provide support and fundraising for use by SHS and SJHS Volleyball teams. Structure is to provide financial support as needed.

Organizations's Website and/or Social Media Accounts: www.stillwaterschools.com/volleyball  
www.facebook.com/stillwatervolleyball, www.instagram.com/stillwatervolleyball/

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

**APPLICATION FOR SANCTIONING (Cont.)**

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

**Jake Fahlenkamp / President**

Organization Representative/Office Name and Position (printed)

  
\_\_\_\_\_  
Signature

**07/03/2025**

\_\_\_\_\_  
Date

**Ashley Moore**

School Faculty Sponsor / Athletic Coach Name (printed)

\_\_\_\_\_  
Signature

**07/03/2025**

\_\_\_\_\_  
Date

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)

Name of Organization/Association: Stillwater Volleyball Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

|                                                 |              |                     |
|-------------------------------------------------|--------------|---------------------|
| Beginning Cash Balance, July 1, <u>2024</u>     |              | <u>\$ 18,135.47</u> |
| Collections:                                    |              |                     |
| Fundraiser, Merchandise Sales, Etc.             | \$ 17,500.00 |                     |
| Donations                                       | \$ 2,488.42  |                     |
| Parent/Student Contributions                    | \$ 8,907.31  |                     |
| Other (list):                                   |              |                     |
| Concessions                                     | \$ 4,077.32  |                     |
| Clinics                                         | \$ 1,818.00  |                     |
| GoFund Me Error Deposit                         | \$ 6,197.28  |                     |
| Total Collections                               |              | <u>\$ 40,988.33</u> |
| Expenditures:                                   |              |                     |
| Fundraising Expenses                            | \$           |                     |
| Other (list):                                   |              |                     |
| Administrative                                  | \$ 3,638.75  |                     |
| Camp and Tournaments                            | \$ 9,655.10  |                     |
| Concessions                                     | \$ 2,451.19  |                     |
| Meals and Pictures                              | \$ 11,699.55 |                     |
| Team Experiences (Banquet, Locker Room, Awards) | \$ 8,895.67  |                     |
| Gear and Equipment                              | \$ 2,310.90  |                     |
| GoFund Me Error Refund                          | \$ 6,197.28  |                     |
|                                                 | \$           |                     |
| Total Expenditures                              |              | <u>\$ 44,848.44</u> |
| Ending Cash Balance, June 30, <u>2025</u>       |              | <u>\$ 14,275.36</u> |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Jake Fahlenkamp Date: 07/03/2025

Title: President

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
 UNAUDITED CASH FLOW STATEMENT **FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)**

Name of Organization/Association: Stillwater Volleyball Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

|                                                 |                  |                     |
|-------------------------------------------------|------------------|---------------------|
| Beginning Cash Balance, July 1, <u>2025</u>     |                  | <u>\$ 14,275.36</u> |
| Collections:                                    |                  |                     |
| Fundraiser, Merchandise Sales, Etc.             | <u>\$ 20,000</u> |                     |
| Donations                                       | <u>\$ 3,000</u>  |                     |
| Parent/Student Contributions                    | <u>\$ 10,000</u> |                     |
| Other (list):                                   |                  |                     |
| Concessions                                     | <u>\$ 5,000</u>  |                     |
| Clinics                                         | <u>\$ 2,000</u>  |                     |
|                                                 | <u>\$</u>        |                     |
| Total Collections                               |                  | <u>\$ 40,000</u>    |
| Expenditures:                                   |                  |                     |
| Fundraising Expenses                            | <u>\$</u>        |                     |
| Other (list):                                   |                  |                     |
| Administrative                                  | <u>\$ 4,500</u>  |                     |
| Camp and Tournaments                            | <u>\$ 11,000</u> |                     |
| Concessions                                     | <u>\$ 2,500</u>  |                     |
| Meals and Pictures                              | <u>\$ 12,250</u> |                     |
| Team Experiences (Banquet, Locker Room, Awards) | <u>\$ 10,000</u> |                     |
| Gear and Equipment                              | <u>\$ 4,000</u>  |                     |
|                                                 | <u>\$</u>        |                     |
|                                                 | <u>\$</u>        |                     |
| Total Expenditures                              |                  | <u>\$ 44,250</u>    |
| Ending Cash Balance, June 30, <u>2026</u>       |                  | <u>\$ 10,025.36</u> |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-2026 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Jake Fahlenkamp Date: 07/03/2025

Title: President

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

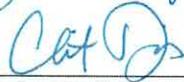
At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative:  Date: 07/09/2025

Representative:  Date: 7/9/25

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**MEMBER CERTIFICATE OF INSURANCE**

07/14/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Stillwater High School Volleyball Booster Club  
 Jake Fahlenkamp or Current Officer  
 PO Box 562  
 Stillwater, OK 74076

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Named Insured Member (physical address):**

6013 Chateau Drive  
 Stillwater, OK 74075

Insured #: OKBO19209

| Coverage                                                 | Policy #       | Effective Dates     | Deductible | Limits of Insurance                       |
|----------------------------------------------------------|----------------|---------------------|------------|-------------------------------------------|
| General Liability<br>Concert Specialty Insurance Company | GL2025AIM34702 | 07/14/25 - 07/14/26 | \$0        | Per Occurrence \$1,000,000                |
|                                                          |                | 07/14/25 - 07/14/26 |            | Damage to Rented Premises \$50,000        |
|                                                          |                | 07/14/25 - 07/14/26 |            | Extended Medical \$5,000                  |
|                                                          |                | 07/14/25 - 07/14/26 |            | Personal & Advertising Injury \$1,000,000 |
|                                                          |                | 07/14/25 - 07/14/26 |            | General Aggregate \$2,000,000             |
|                                                          |                |                     |            | Products - Comp/Ops \$2,000,000           |

**Certificate Holder:**

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

## APPLICATION FOR SANCTIONING

### Due Annually on July 5

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 7/5/2025                      Select One:    Initial Application \_\_\_\_\_ Renewal  \_\_\_\_\_  
 Name of Sanctioned Organization: Stillwater Pioneers Boys Basketball Booster Club  
 Official Mailing Address for the organization: 5127 Red Rose Dr., Stillwater OK 74074  
 Organization's Taxpayer I.D. Number: 85-3777737

**Organization President**

Name: APRIL RUTHERFORD  
 Phone: (804) 239-2783  
 Email: aprilrutherford@gmail.com

**Organization Treasurer**

Name: RYAN REUTER  
 Phone: 405-628-8258  
 Email: reuter.ryan@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: \_\_\_\_\_

The purpose of the Club is to foster and promote the development of the Stillwater High School boy's basketball players and program. All assets of the Club are used exclusively for this. The club will raise financial support for the Stillwater High School boy's basketball team, to be used to purchase equipment, food, lodging or other forms of support as needed.

Organizations's Website and/or Social Media Accounts: NA

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

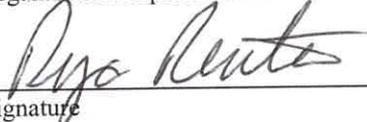
**APPLICATION FOR SANCTIONING (Cont.)**

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

**RYAN REUTER (TREASURER)**

Organization Representative/Office Name and Position (printed)

  
Signature

  
Date

**SEAN MORGAN**

School Faculty Sponsor / Athletic Coach Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION FOR SANCTIONING (Cont.)**

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:  
  
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074
7. Signing this form certifies that you agree to attend mandatory district training.

RYAN REUTER (TREASURER)  
Organization Representative/Office Name and Position (printed)

\_\_\_\_\_  
Signature Date

SEAN MORGAN  
School Faculty Sponsor / Athletic Coach Name (printed)

Sean Morgan \_\_\_\_\_  
Signature Date 7/1/25

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)

Name of Organization/Association: Stillwater Pioneers Boys Basketball Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2024-2025

Beginning Cash Balance, July 1, 2024

\$ 3297.19 ✓

Collections:

Fundraiser, Merchandise Sales, Etc.

\$ 1002.00

Donations

\$ 14367.12

Parent/Student Contributions

\$ \_\_\_\_\_

Other (list):

Basketball camp

\$ 2414.63

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 17783.75

Total Collections

Expenditures:

Fundraising Expenses

\$ 556.92

Other (list):

Banquet

\$ 881.86

Camps

\$ 95.00

Food

\$ 1804.76

Senior night

\$ 798.51

Travel gear

\$ 6922.00

Pictures

\$ 200.00

Misc

\$ 1125.31

\$ \_\_\_\_\_

\$ 12384.36

Total Expenditures

Ending Cash Balance, June 30, 2025

\$ 8696.58 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-25 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: RYAN REUTER

Date: 7/2/2025

Title: TREASURER

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)  
PROJECTED

Name of Organization/Association: Stillwater Pioneers Boys Basketball Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 2025-2026

|                                             |          |             |
|---------------------------------------------|----------|-------------|
| Beginning Cash Balance, July 1, <u>2025</u> |          | \$ 8696.58  |
| Collections:                                |          |             |
| Fundraiser, Merchandise Sales, Etc.         | \$ 1000  |             |
| Donations                                   | \$ 12000 |             |
| Parent/Student Contributions                | \$       |             |
| Other (list):                               | \$       |             |
| _____                                       | \$       |             |
| _____                                       | \$       |             |
| _____                                       | \$       |             |
| Total Collections                           |          | \$ 13000    |
| Expenditures:                               |          |             |
| Fundraising Expenses                        | \$ 200   |             |
| Other (list):                               |          |             |
| Camps                                       | \$ 500   |             |
| Food                                        | \$ 2000  |             |
| Senior night                                | \$ 800   |             |
| Banquet                                     | \$ 800   |             |
| Travel gear                                 | \$ 2000  |             |
| Pictures                                    | \$ 300   |             |
| Insurance                                   | \$ 415   |             |
| Misc                                        | \$ 1500  |             |
| Total Expenditures                          |          | \$ 8515     |
| Ending Cash Balance, June 30, <u>2026</u>   |          | \$ 13181.58 |

*Projected*

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-26 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Title: TREASURER

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 2024-2025 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: *An Ni* Date: 7/1/25

Representative: *Angela McFarlin* Date: 7/2/25

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**MEMBER CERTIFICATE OF INSURANCE**

07/03/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Stillwater Pioneers Boys Basketball Booster Club  
 Ryan Reuter or Current Officer  
 5127 Red Rose Dr.  
 Stillwater, OK 74074

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Named Insured Member (physical address):**

5127 Red Rose Dr.  
 Stillwater, OK 74074

Insured #: OKBO19192

| Coverage                                                                     | Policy #       | Effective Dates     | Deductible | Limits of Insurance                       |
|------------------------------------------------------------------------------|----------------|---------------------|------------|-------------------------------------------|
| General Liability<br><small>Concert Specialty Insurance Company</small>      | GL2025AIM34187 | 07/03/25 - 07/03/26 | \$0        | Per Occurrence \$1,000,000                |
|                                                                              |                | 07/03/25 - 07/03/26 |            | Damage to Rented Premises \$50,000        |
|                                                                              |                | 07/03/25 - 07/03/26 |            | Extended Medical \$5,000                  |
|                                                                              |                | 07/03/25 - 07/03/26 |            | Personal & Advertising Injury \$1,000,000 |
|                                                                              |                | 07/03/25 - 07/03/26 |            | Abuse & Molestation \$1,000,000           |
| Fidelity Bond (Crime)<br><small>Concert Specialty Insurance Company</small>  | CR2025AIM25473 | 07/03/25 - 07/03/26 | \$250      | General Aggregate \$2,000,000             |
|                                                                              |                |                     |            | Products - Comp/Ops \$2,000,000           |
| Directors and Officers<br><small>Concert Specialty Insurance Company</small> | DO2025AIM28862 | 07/03/25 - 07/03/26 | \$0        | Per Occurrence / Aggregate \$1,000,000    |

Retroactive Date:07/03/2025

**Certificate Holder:**

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

## APPLICATION FOR SANCTIONING

### Due Annually on July 5

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 7/3/25Select One: Initial Application \_\_\_\_\_ Renewal Name of Sanctioned Organization: Stillwater Soccer Booster ClubOfficial Mailing Address for the organization: 121 W. Husband Ct STW, OK 74075

Organization's Taxpayer I.D. Number: \_\_\_\_\_

**Organization President****Organization Treasurer**Name: Heather LedbetterName: Amber BambrughPhone: 918-906-5400Phone: 405-714-4378Email: hledbetter<sup>77</sup>@gmail.comEmail: amber.bambrugh@gmail.com

Organization's Purpose, Goals, and the Benefit to District Students: Support our coaches and players with training gear, away meals, equipment, uniforms - each player only has to supply their own cleats & shin guards allowing all players equal opportunity

Organizations's Website and/or Social Media Accounts: 161 - @shspioneersoccer  
facebook - Stillwater High School Soccerz

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

APPLICATION FOR SANCTIONING (Cont.)

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Sign and date this application and have the school faculty sponsor review and sign (required).
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Email or deliver the application and attachments to:

Chief Financial Officer  
 314 S. Lewis  
 Stillwater, OK 74074

6. Signing this form certifies that you agree to attend mandatory district training

Amber Bambaugh / Treasurer  
 Organization Representative/Office Name and Position (printed)

Amber Bambaugh  
 Signature

7/3/25  
 Date

Tanner Rivera  
 School Faculty Sponsor / Athletic Coach Name (printed)

Tanner Rivera  
 Signature

7/3/25  
 Date

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 - JUNE 30)

Name of Organization/Association: Stillwater High School Soccer Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 23-24

Beginning Cash Balance, July 1, 2023

\$52,318.40

Collections:

Fundraiser, Merchandise Sales, Etc.

\$ 34,663

Donations

\$ 4,000

Parent/Student Contributions - away meals

\$ 6,138

Other (list):

concession

\$ 1,2341.55

Entrance Fees

\$ 2,020

gate fees

\$ 1341.94

Total Collections

\$ 40,504.49

Expenditures:

Fundraising Expenses

\$ 10,518.87

Other (list):

away meals

\$ 9,014.11

banquet

\$ 6,337.07

coach's request

\$ 19,503.73

Tuition Fees

\$ 1570

Referees

\$ 2,940

Screenprinting

\$ 10,341.04

Scholarships

\$ 5702

MISC, hospitality, senior night, bank fees

\$ 10,438.83

Total Expenditures 47000

\$ 76,363.76

Ending Cash Balance, June 30, 2024

\$ 36,459.19

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 23-24 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Amber Bamgorn

Date: 7/1/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
**UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)**

Name of Organization/Association: SHS Soccer Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 24/25

Beginning Cash Balance, July 1, 2024 \$ 36,459.19 ✓

|                                                  |                     |
|--------------------------------------------------|---------------------|
| Collections:                                     |                     |
| Fundraiser, Merchandise Sales, Etc.              | \$ <u>2254.12</u>   |
| Donations                                        | \$ <u>7073.00</u>   |
| Parent/Student Contributions - <u>away meals</u> | \$ <u>6230.00</u>   |
| Other (list):                                    |                     |
| <u>concession</u>                                | \$ <u>7872.75</u>   |
| <u>entry fees</u>                                | \$ <u>680.00</u>    |
| <u>gate fees</u>                                 | \$ <u>2724.00</u>   |
| Total Collections                                | \$ <u>46,733.87</u> |

|                                                    |                       |
|----------------------------------------------------|-----------------------|
| Expenditures:                                      |                       |
| Fundraising Expenses                               | \$ <u>7,062.76</u>    |
| Other (list):                                      |                       |
| <u>away meals</u>                                  | \$ <u>8581.88</u>     |
| <u>banquet</u>                                     | \$ <u>6934.90</u>     |
| <u>coaches request</u>                             | \$ <u>11,439.70</u>   |
| <u>town fees</u>                                   | \$ <u>1,010.00</u>    |
| <u>referees</u>                                    | \$ <u>2,050</u>       |
| <u>screen printing</u>                             | \$ <u>6369.66</u>     |
| <u>scholarships</u>                                | \$ <u>3,200</u>       |
| <u>misc - hospitality, senior night, HOCO, etc</u> | \$ <u>8,533.36</u>    |
| Total Expenditures                                 | \$ <u>55,482.26</u> ✓ |

Ending Cash Balance, June 30, 2025 \$ 27,710.61 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 24/25 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Amber Bambrugh Date: 7/1/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:  
 Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 - JUNE 30)

Name of Organization/Association: SHS Soccer Booster Club

FINANCIAL ACTIVITY FOR SCHOOL YEAR 25-26

Beginning Cash Balance, July 1, 2025 \$ 27,910.61

Collections:

|                                     |                  |
|-------------------------------------|------------------|
| Fundraiser, Merchandise Sales, Etc. | \$ <u>27,000</u> |
| Donations                           | \$ <u>6,000</u>  |
| Parent/Student Contributions        | \$ <u>6,000</u>  |
| Other (list):                       |                  |
| <u>Concession Stand</u>             | \$ <u>7,500</u>  |
| <u>TourN Fee's</u>                  | \$ <u>1,000</u>  |
| <u>Gate Fee's</u>                   | \$ <u>2,500</u>  |

Total Collections \$ 42,500

Expenditures:

|                                             |                  |
|---------------------------------------------|------------------|
| Fundraising Expenses                        | \$ <u>7,000</u>  |
| Other (list):                               |                  |
| <u>audy meals</u>                           | \$ <u>9,000</u>  |
| <u>Banquet</u>                              | \$ <u>7,000</u>  |
| <u>Coaches requests (soccer gear/equip)</u> | \$ <u>15,000</u> |
| <u>Referee</u>                              | \$ <u>2,100</u>  |
| <u>TourN Fee's</u>                          | \$ <u>1,000</u>  |
| <u>Screenprinting</u>                       | \$ <u>6,500</u>  |
| <u>Scholarships</u>                         | \$ <u>5,000</u>  |
| <u>MISC</u>                                 | \$ <u>4,500</u>  |

Total Expenditures \$ 57,100

Ending Cash Balance, June 30, 2026 \$ 13,310

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 25-26 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: [Signature] Date: 7/9/25

Title: Treasurer

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

**ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION**

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the \_\_\_\_\_ school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Daniell Miller Date: 7-9-25

Representative: Krista Zulee Date: 7-10-25

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**MEMBER CERTIFICATE OF INSURANCE**

07/03/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Stillwater Soccer Booster Club  
 Amber Bambrough or Current Officer  
 121 W Husband Ct  
 Stillwater, OK 74074

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Named Insured Member (physical address):**

121 W Husband Ct  
 Stillwater, OK 74074

Insured #: OKBO19193

| Coverage                                                 | Policy #       | Effective Dates     | Deductible | Limits of Insurance           |             |
|----------------------------------------------------------|----------------|---------------------|------------|-------------------------------|-------------|
| General Liability<br>Concert Specialty Insurance Company | GL2025AIM34207 | 07/04/25 - 07/04/26 | \$0        | Per Occurrence                | \$1,000,000 |
|                                                          |                | 07/04/25 - 07/04/26 |            | Damage to Rented Premises     | \$50,000    |
|                                                          |                | 07/04/25 - 07/04/26 |            | Extended Medical              | \$5,000     |
|                                                          |                | 07/04/25 - 07/04/26 |            | Personal & Advertising Injury | \$1,000,000 |
|                                                          |                | 07/04/25 - 07/04/26 |            | General Aggregate             | \$2,000,000 |
|                                                          |                |                     |            | Products - Comp/Ops           | \$2,000,000 |

**Certificate Holder:**

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

**AUTHORIZED REPRESENTATIVE**



**APPLICATION FOR SANCTIONING (Cont.)**

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:

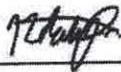
Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074

7. Signing this form certifies that you agree to attend mandatory district training.

Natalie Paige- president

Organization Representative/Office Name and Position (printed)

Signature

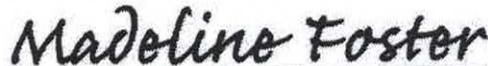


7/3/25

Date

Madeline Foster

School Faculty Sponsor / Athletic Coach Name (printed)



Signature

7/4/25

Date

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
**UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 – JUNE 30)**

Name of Organization/Association: Will Rogers Elementary PTA

FINANCIAL ACTIVITY FOR SCHOOL YEAR 24-25

Beginning Cash Balance, July 1, 24

\$ 43,025.82 ✓

**Collections:**

Fundraiser, Merchandise Sales, Etc.  
 Donations  
 Parent/Student Contributions  
 Other (list):

\$ 24,559.36

\$ \$605

\$ \$505

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 25,670.36

**Total Collections**

**Expenditures:**

Fundraising Expenses

Other (list):

State Membership Dues

5th Grade Graduation

Family Involvement

Field trips/ pizza party

Insurance

PTA Supplies

T Shirts

Teacher Appreciation

\$ \$ 25,205.74

\$ \$ 497.00

\$ \$ 1,840.00

\$ \$ 1,144.73

\$ \$ 2,090.75

\$ \$ 630

\$ \$ 150

\$ \$ 3,822.00

\$ \$ 2,379.24

Yearbook \$ 835.08

Teacher & Classroom Grants \$ 3,020.55

Principal Fund \$ 945.00

Library \$ 2,980.86

Playground Enhancements \$ 11,522.12

\$ \$ 25,205.74

**Total Expenditures**

Ending Cash Balance, June <sup>12</sup>~~30~~, 25

\$ ~~38,753.21~~

\$ 38,759.11 ✓

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2024-2025 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Natalie Paige

Date: 7/3/25

Title: PTA President

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR SANCTIONING (Cont.)**

ORGANIZATION/ASSOCIATION  
**UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 – JUNE 30)**

Name of Organization/Association: Will Rogers Elementary PTA

FINANCIAL ACTIVITY FOR SCHOOL YEAR 25-26

|                                           |                    |                                 |
|-------------------------------------------|--------------------|---------------------------------|
| Beginning Cash Balance, July 1, <u>25</u> |                    | <u>\$ 38,753.21</u>             |
| <b>Collections:</b>                       |                    |                                 |
| Fundraiser, Merchandise Sales, Etc.       | <u>\$ 15,500</u>   |                                 |
| Donations                                 | <u>\$ 700</u>      |                                 |
| Parent/Student Contributions              | <u>\$ 400</u>      |                                 |
| <b>Other (list):</b>                      |                    |                                 |
| Yearbook                                  | <u>\$ 200</u>      |                                 |
| Book fair                                 | <u>\$ 1000</u>     |                                 |
|                                           | <u>\$</u>          |                                 |
| <b>Total Collections</b>                  |                    | <u>\$ 17,800.00</u>             |
| <b>Expenditures:</b>                      |                    |                                 |
| Fundraising Expenses                      | <u>\$</u>          |                                 |
| <b>Other (list):</b>                      |                    |                                 |
| Insurance \$630.00                        | <u>\$630.00</u>    | State Membership Dues \$400.00  |
| Family Involvement                        | <u>\$ 1,650.00</u> | 5th Grade Graduation \$2,000.00 |
| T Shirts                                  | <u>\$3,900.00</u>  | Field trips \$7,000.00          |
| Teacher Appreciation                      | <u>\$2,000.0</u>   |                                 |
| Teacher & Classroom Grant                 | <u>\$ 5,000.00</u> |                                 |
| Principal Fund                            | <u>\$1,000.00</u>  |                                 |
| Playground Enhancements                   | <u>\$0,000.00</u>  |                                 |
| Yearbook                                  | <u>\$ 830.00</u>   |                                 |
| <b>Total Expenditures</b>                 |                    | <u>\$ 34,310.00</u>             |
| Ending Cash Balance, June 30, <u>26</u>   |                    | <u>\$ 22,243.21</u>             |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 2025-2026 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: Natalie Paige

Date: 7/3/25

Title: PTA President

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 24-25 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: [Signature]

Date: 07/04/2025

Representative: Rick Hardesty

Date: 7/7/25

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_



# MEMBER CERTIFICATE OF INSURANCE

05/31/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Will Rogers ES PTA  
 Natalie Paige or Current Officer  
 1211 N Washington  
 Stillwater, OK 74075

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Insured #:** OK14259

**Named Insured Member (physical address):**

1211 N Washington  
 Stillwater, OK 74075

| Coverage                                                                           | Policy #       | Effective Dates     | Deductible | Limits of Insurance           |             |
|------------------------------------------------------------------------------------|----------------|---------------------|------------|-------------------------------|-------------|
| General Liability<br><small>Concert Specialty Insurance Company</small>            | GL2025AIM32369 | 05/31/25 - 05/31/26 | \$0        | Per Occurrence                | \$1,000,000 |
|                                                                                    |                | 05/31/25 - 05/31/26 |            | Damage to Rented Premises     | \$50,000    |
|                                                                                    |                | 05/31/25 - 05/31/26 |            | Extended Medical              | \$25,000    |
|                                                                                    |                | 05/31/25 - 05/31/26 |            | Media Liability               | \$25,000    |
|                                                                                    |                | 05/31/25 - 05/31/26 |            | Personal & Advertising Injury | \$1,000,000 |
|                                                                                    |                |                     |            | General Aggregate             | \$2,000,000 |
|                                                                                    |                |                     |            | Products - Comp/Ops           | \$2,000,000 |
| Fidelity Bond (Crime)<br><small>Concert Specialty Insurance Company</small>        | CR2025AIM24041 | 05/31/25 - 05/31/26 | \$250      | Per Occurrence / Aggregate    | \$10,000    |
| Property (Business Personal)<br><small>Concert Specialty Insurance Company</small> | IM2025AIM04924 | 05/31/25 - 05/31/26 | \$250      | Per Occurrence / Aggregate    | \$10,000    |
| Directors and Officers<br><small>Concert Specialty Insurance Company</small>       | DO2025AIM27269 | 05/31/25 - 05/31/26 | \$0        | Per Occurrence / Aggregate    | \$1,000,000 |

Retroactive Date:05/31/2023



**MEMBER CERTIFICATE OF INSURANCE**

05/31/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Will Rogers ES PTA  
 Natalie Paige or Current Officer  
 1211 N Washington  
 Stillwater,OK 74075

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Named Insured Member (physical address):**

1211 N Washington  
 Stillwater, OK 74075

**Insured #: OK14259**

| Coverage                                                                           | Policy #       | Effective Dates     | Deductible | Limits of Insurance                       |
|------------------------------------------------------------------------------------|----------------|---------------------|------------|-------------------------------------------|
| General Liability<br><small>Concert Specialty Insurance Company</small>            | GL2025AIM32369 | 05/31/25 - 05/31/26 | \$0        | Per Occurrence \$1,000,000                |
|                                                                                    |                | 05/31/25 - 05/31/26 |            | Damage to Rented Premises \$50,000        |
|                                                                                    |                | 05/31/25 - 05/31/26 |            | Extended Medical \$25,000                 |
|                                                                                    |                | 05/31/25 - 05/31/26 |            | Media Liability \$25,000                  |
|                                                                                    |                | 05/31/25 - 05/31/26 |            | Personal & Advertising Injury \$1,000,000 |
|                                                                                    |                |                     |            | General Aggregate \$2,000,000             |
|                                                                                    |                |                     |            | Products - Comp/Ops \$2,000,000           |
| Fidelity Bond (Crime)<br><small>Concert Specialty Insurance Company</small>        | CR2025AIM24041 | 05/31/25 - 05/31/26 | \$250      | Per Occurrence / Aggregate \$10,000       |
| Property (Business Personal)<br><small>Concert Specialty Insurance Company</small> | IM2025AIM04924 | 05/31/25 - 05/31/26 | \$250      | Per Occurrence / Aggregate \$10,000       |
| Directors and Officers<br><small>Concert Specialty Insurance Company</small>       | DO2025AIM27269 | 05/31/25 - 05/31/26 | \$0        | Per Occurrence / Aggregate \$1,000,000    |

Retroactive Date:05/31/2023

Will Rogers Elementary is added as an additional insured under the General Liability policy only.

**APPLICATION FOR SANCTIONING**  
**Due Annually on July 5**

This is a request for sanctioning by the applicant to the Stillwater Board of Education, pursuant to which the funds collected by the applicant are exempt from the statutory controls over school activity funds. All fields are required.

Date Submitted: 07/03/25      Select One:    Initial Application \_\_\_\_\_    Renewal

Name of Sanctioned Organization: westwood Elementary PTO

Official Mailing Address for the organization: 502 S. Kings St.

Organization's Taxpayer I.D. Number: 84-2132859

|                                                                            |                                         |
|----------------------------------------------------------------------------|-----------------------------------------|
| <b>Organization President</b>                                              | <b>Organization Treasurer</b>           |
| Name: <u>Jillian Detweiler</u>                                             | Name: <u>Trisha Lyonsi</u>              |
| Phone: <u>(918) 508-4480</u>                                               | Phone: <u>(405) 334-6151</u>            |
| Email: <u>jillian.leigh.detweiler@gmail.com</u>                            | Email: <u>trishachaperala@gmail.com</u> |
| Organization's Purpose, Goals, and the Benefit to District Students: _____ |                                         |

Fundraise for school programming

Organizations's Website and/or Social Media Accounts: www.eaglespto.com  
@westwoodeaglespto

(All funds raised by the organization will be used to achieve the stated purpose and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.)

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education can, at any time, request the records maintained by the applicant, which the applicant will promptly make available, and (b) the board of education can, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

Applicant agrees that any legal or audit expenses incurred by Stillwater Public Schools related to the sanctioned organization will be billed to and paid for by the sanctioned organization.

Applicant also acknowledges, that if requested by the board of education the organization will be required to submit financial and supporting documentation for an agreed upon procedure review to be performed by the school district's external auditor. This information must be submitted by the deadline established at the time of the request.

**APPLICATION FOR SANCTIONING (Cont.)**

Instructions for Completing Application:

1. Read policies CFBB and CFBB-P and complete this application: the cash flow statement for the prior school year, the cash flow statement estimate for the future school year and the independent audit review certification. If necessary, use additional sheets of paper.
2. Attach twelve (12) months of bank statements and a reconciliation to the unaudited cash flow statement (bank statement credits and debits should match the cash flow summary collections and expenditures respectively, and be reconciled to the ending balance).
3. Attach proof of insurance for the corresponding year that covers funds from theft, embezzlement, or loss, general liability and accident medical coverage in case of injury, financial loss in the event of a claim, and officers liability from legal action.
4. Provide a copy of your organization's by-laws and/or constitution and a list of all officers.
5. Sign and date this application and have the school faculty sponsor review and sign (required).
6. Email or deliver the application and attachments to:

Chief Financial Officer  
314 S. Lewis  
Stillwater, OK 74074

7. Signing this form certifies that you agree to attend mandatory district training.

Julian Detwiler - President  
Organization Representative/Office Name and Position (printed)

\_\_\_\_\_  
Signature

07/01/25  
Date

Darren Nelson - Principal  
School Faculty Sponsor / Athletic Coach Name (printed)

\_\_\_\_\_  
Signature

7-2-25  
Date

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR PRIOR SCHOOL YEAR (ACTUALS JULY 1 - JUNE 30)

Name of Organization/Association: westwood Elementary PTO

FINANCIAL ACTIVITY FOR SCHOOL YEAR 24-25

Beginning Cash Balance, July 1, 2024

Collections:

Fundraiser, Merchandise Sales, Etc.

Donations

Parent/Student Contributions

Other (list):

sponsorships

Total Collections

Expenditures:

Fundraising Expenses

Other (list):

• programming

• events

• tshirts

• wheelchairs

Total Expenditures

Ending Cash Balance, June 30, 2025

|  |         |              |
|--|---------|--------------|
|  | 6847.69 | \$ 21,408.58 |
|  | 3789.81 |              |
|  | 596.03  |              |
|  | 1576.44 |              |
|  | 472.19  |              |
|  | 641.52  |              |
|  | 1612.85 |              |
|  | 3774.78 |              |
|  | 1312.10 |              |
|  | 4064.25 | \$ 24,887.66 |
|  | 3096.43 |              |
|  | 1919.76 |              |
|  | 1824.95 |              |
|  | 2391.85 |              |
|  | 1016.00 |              |
|  | 333.08  |              |
|  | 7663.97 |              |
|  | 5696.62 |              |
|  | 617.26  |              |
|  | 2873.50 |              |
|  | 2590.08 | \$ 35,523.70 |
|  |         | \$ 10,772.54 |

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the 24-25 school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: [Signature]

Date: 07/01/25

Title: President

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
UNAUDITED CASH FLOW STATEMENT FOR UPCOMING SCHOOL YEAR (JULY 1 - JUNE 30)

Name of Organization/Association: westwood Elementary PTO

FINANCIAL ACTIVITY FOR SCHOOL YEAR 25-26

Beginning Cash Balance, July 1, 2025 \$ \$10,772.54

Collections:

|                                     |                  |
|-------------------------------------|------------------|
| Fundraiser, Merchandise Sales, Etc. | \$ <u>10,000</u> |
| Donations                           | \$ _____         |
| Parent/Student Contributions        | \$ <u>8,000</u>  |
| Other (list):                       | \$ _____         |
| <u>sponsorships</u>                 | \$ <u>10,000</u> |
| _____                               | \$ _____         |
| _____                               | \$ _____         |

Total Collections

\$ \$28,000

Expenditures:

|                      |                  |
|----------------------|------------------|
| Fundraising Expenses | \$ _____         |
| Other (list):        | \$ _____         |
| <u>• programming</u> | \$ <u>10,000</u> |
| <u>events</u>        | \$ <u>10,000</u> |
| <u>• t-shirts</u>    | \$ <u>10,000</u> |
| <u>• luncheons</u>   | \$ _____         |
| _____                | \$ _____         |
| _____                | \$ _____         |
| _____                | \$ _____         |
| _____                | \$ _____         |

Total Expenditures

\$ \$30,000

Ending Cash Balance, June 30, 2026

\$ \$ 0.000

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the \_\_\_\_\_ school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Stillwater Board of Education, I/we may be required to submit further information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Representative/Officer: [Signature]

Date: 07/01/25

Title: President

Received and reviewed by Chief Financial Officer:

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION  
INDEPENDENT REVIEW CERTIFICATION

This form certifies that an internal audit committee, that is comprised of individuals who are independent from the club officers, conducted an annual audit of the club's financial records for the year ended. A minimum of two individuals performed this audit. The audit committee should be familiar with board policies CFBB and CFBB-P and should consider recommended internal controls for sanctioned organizations.

At a minimum, an audit consists of reviewing 12 months of bank statements for the organization and confirming that they reconcile to the Unaudited Cash Flow Statement submitted as part of the annual application for sanctioning.

Signing this independent review certification also indicates that all expenditures followed the requirements in board policy CFBB with particular attention to the requirement that,

- All funds raised by the organization will be used to achieve the stated purposes and goals of the organization. No administrative fees or stipends to officers or others will be permitted. Any payments to coaches or employees must be approved by and paid through Stillwater Public Schools.

To the best of their knowledge and belief, the internal audit committee of the above-named organization/association certifies that the financial activity of the organization for the 24-25 school year was in accordance with board policy, reconciles to the submitted unaudited cash flow statement, and all financial transaction were made in accordance with the organization's by-laws and procedures. (A minimum of two signatures required.)

Representative: Tristan Fielke Date: 7-2-25

Representative: MaKenzie Bell Date: 07-02-25

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**MEMBER CERTIFICATE OF INSURANCE**

07/01/2025

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

**Named Insured Member (mailing address):**

Westwood Elementary PTO  
 Jillian Detwiler or Current Officer  
 502 S. Kings St.  
 Stillwater, OK 74074

**Named Insured & Mailing Address**

Education Support Purchasing Group  
 c/o AIM  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Producer Name**

AIM Association Insurance  
 Management, Inc.  
 P.O. Box 742946  
 Dallas, TX 75374-2946

**Named Insured Member (physical address):**

502 S. Kings St.  
 Stillwater, OK 74074

**Insured #: OKPO20563**

| Coverage                                                                | Policy #       | Effective Dates     | Deductible | Limits of Insurance           |             |
|-------------------------------------------------------------------------|----------------|---------------------|------------|-------------------------------|-------------|
| General Liability<br><small>Concert Specialty Insurance Company</small> | GL2025AIM34039 | 07/02/25 - 07/02/26 | \$0        | Per Occurrence                | \$1,000,000 |
|                                                                         |                | 07/02/25 - 07/02/26 |            | Damage to Rented Premises     | \$50,000    |
|                                                                         |                | 07/02/25 - 07/02/26 |            | Extended Medical              | \$5,000     |
|                                                                         |                | 07/02/25 - 07/02/26 |            | Personal & Advertising Injury | \$1,000,000 |
|                                                                         |                | 07/02/25 - 07/02/26 |            | General Aggregate             | \$2,000,000 |
|                                                                         |                |                     |            | Products - Comp/Ops           | \$2,000,000 |

**Certificate Holder:**

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE