

Exhibit 905.1 UEC U 6 2024

RECEIVED

Code: 1005.4-E1

Forms should be submitted to the Business Office per the following deadlines

| Request Form Due | Board Approval Date | Fundraiser Start Date |
|---|----------------------------|--|
| First day of school for fundraisers occurring from October 1 st thru December 31 st | First meeting in September | Fundraisers should NOT start until the day immediately following board approval |
| Last day of school before Thanksgiving break for fundraisers occurring from January 1 st thru March 31 st | December meeting | |
| By February 15 th for fundraisers occurring from April 1 st thru May 31 st | March meeting | |
| By April 15 th for fundraisers occurring from June 1 st thru September 30 th | First meeting in May | |

REMINDERS: All groups are required to submit a request for each fundraiser to the Business Office specifying how all funds raised will be spent. A Fundraising Project Summary (Refer to Policy 1005.4-E2) is due six weeks after the fundraiser ends. Proceeds should be spent during the year funds are raised.

| Building Name: High School | Sponsoring Group: Boys Soccer |
|---|--|
| Contact Name:Corey Brinkmeyer | Contact Phone: x3079 |
| Contact Email: cbrinkmeyer@linnmar.k12.ia.us | District Account Code: 21.0109.1900.920.6725 |
| | ation is required for the request to be considered) |
| Fundraising Activity: Apparel Sales Activity | ty Start/End Dates: January -June 1, 2025 - |
| Estimated Proceeds: \$500 - \$1000 Purpo | se/Use of Funds Raised (Must be specific): Replace/Fill in supply of |
| trainir | g bibs/jerseys used during practices. |
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| Administrator Approval: I approve that this request is necessary to prov | ide funds for the nurneses described above |
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| Building Administrator's Signature: | Date: 12/6/24 |
| LEASTERATES & R RESERVICES II & LEASTERATES & R RECEIVERING | |
| Business Office and Board Review/Approval:/ | 1 $(1 $ (h) |
| Business Office and Board Review/Approval: | matimetal Date: 1/20/05 |
| Board Review/Approval: | Date: |
| Summary Due Date: | |

Revised: 6/22; 7/22



Exhibit 905.2

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| Building Name: Linn-Mar Highschool Sponsoring Group: URenew |
|--|
| Contact Name: JOE Piscick Contact Phone: 641-208-0004 |
| Contact Name: Joe Pisarik Contact Phone: <u>641-208-00004</u> joseph.pisarik@linnmar.h12.ia.us Contact Email: <u>1000</u> District Account Code: <u>21,0109,1900.950,7421.001999</u> |
| Description of Fundraising Activity (All information is required for the request to be considered) |
| Fundraising Activity: Tee shire sale |
| Activity Start/End Dates: April 1 st - April 10 th Estimated Proceeds: \$300 ⁵⁶ |
| Purpose/Use of Funds Raised (<i>Must be specific</i>): |
| Purpose/Use of Funds Raised (Must be specific): Future URenew wildlife restoration projects. |
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| Administrator Approval: |
| I approve that this request is necessary to provide funds for the purposes described above. |
| Building Administrator's Signature: |
| |
| Business Office and Board Review/Approval: |
| Business Office Review/Approval: |
| Board Review/Approval: Date: |
| Summary Due Date: |

Revised: 6/22; 7/22



Exhibit 905.3 JAN U 9 2025 Code: 1005.4-E1

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| Building Name: <u>High School</u> Sponsoring Group: <u>Baseball</u> |
|--|
| Contact Name: Kyle RoDENKIRK Contact Phone: 319-329-3031 |
| Contact Email: <u>Kyle, rodenkirk@linnmar.kl2:n</u> , District Account Code: <u>21.0109, 1900, 920, 6731</u> |
| Description of Fundraising Activity (All information is required for the request to be considered) |
| Fundraising Activity: Youth Camp |
| Activity Start/End Dates: April 28-30 Estimated Proceeds: \$2,000 |
| Purpose/Use of Funds Raised (Must be specific): |
| Help to pay for new pitching machine. |
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| Administrator Approval: I approve that this request is necessary to provide funds for the purposes described above. |
| Building Administrator's Signature: Date: Date: |
| |
| Business Office and Board Review/Approval: |
| Business Office Review/Approval: |
| Business Office Review/Approval: |
| Board Review/Approval: Date: |
| Summary Due Date: |



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| Building Name: <u>High School</u> Sponsoring Group: <u>Baseball</u> |
|---|
| Contact Name: Kyle Rodenkirk Contact Phone: 319-329-3031 |
| Contact Email: <u>kyle.rodenkirk@linamer.kl2.ia.vs</u> District Account Code: <u>21.0109.1900.920.6731</u> |
| Description of Fundraising Activity (All information is required for the request to be considered) |
| Fundraising Activity: Leading Edge Discount Cards |
| Activity Start/End Dates: End April - Beginning MAY Estimated Proceeds: \$8,000 |
| Purpose/Use of Funds Raised (Must be specific): |
| To help pay my voluteer coaches. |
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| Administrator Approval: I approve that this request is necessary to provide funds for the purposes described above. |
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| Building Administrator's Signature: Date: Date: |
| NUMBER OF A DESCRIPTION OF A |
| Business Office and Board Review/Approval: |
| Business Office Review/Approval: utual church Date: 1/22/25 |
| Board Review/Approval: Date: |
| Summary Due Date: |

Revised: 6/22; 7/22