



# Pinal County Sheriff's Office

January 11, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a transfer from fund 10 Cost Center 2401016 Object: Other Printing in the amount of \$2,148.30 utilizing PCSO RICO federal funds (Cost Center 2302481), fund 185.

Informational newsletter publication; burglary prevention, helpful links, resources, and volunteering.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

# CASA GRANDE Dispatch

Advertiser: Pinal County Sheriff's Office

Print Job Number: 18834

Invoice Date: Jan. 11, 2016

Salesperson: Irving Scott

Quantity	Size	Color	Type of Paper / Folded	Rate	Total
20,000	11 X 17	Full Color	80 Lbs. Glossy / Folded twice	\$1,980.00	\$1,980.00
<p><i>Pinal County Sheriff's Office</i>            CASA GRANDE VALLEY NEWS            200 W 2ND ST            CASA GRANDE, AZ 85122-44            01/11/2016 13-06 22            CREDIT CARD            MC SALE            CARD # [REDACTED]            INVOICE 0042            SEQ #: 0037            Batch #: 000571            Approval Code: 086344            Entry Method: Manual            Mode: Online            Tax Amount: \$0.00            Cust Code:</p>					

Casa Grande Dispatch • Coolidge Examiner  
 Arizona City Independent Edition • Maricopa  
 Wapum Saver • Pinal Real Estate Buyer's  
 TriValleyCentral.com • CopiaMonitor.com • 5

SALE AMOUNT

\$2148.30

ibune  
 batch TV Roundup

CUSTOMER COPY

www.TriValleyCentral.com

Irving Scott  
 Advertising Representative  
 Cell Phone [REDACTED]  
 Direct Phone (520) 423-8668  
 Office Phone (520) 426-3814  
 Fax (520) 836-8522

Subtotal	\$1,980.00
Tax %	\$168.30
Discount	
Miscellaneous	
Balance Due	\$2,148.30
Amount Paid	
Payment Method	
Authorization Number	
Check Number	

Comments

**COMMERCIAL PRINTING Div. of  
Casa Grande Valley Newspapers Inc.  
JOB PRINTING RECEIPT**

I HAVE RECEIVED:  Artwork  Pictures  Separations  Pasteups

No. of Pallets \_\_\_\_\_ No. of Boxes 20 @ 1,000 No. of Packages \_\_\_\_\_

Total Printing Order 20,000 - EA NEWSLETTER

Customer Name PCSO Job No. 18834

Del. Address \_\_\_\_\_

Payment Received \$ \_\_\_\_\_  Check  Cashier's Check  Cash

1-12-16 \_\_\_\_\_  
Date Signed

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: **Pinal County Sheriff's Office**

**A. Intended use of funds (Check all applicable boxes)**

ACJC Title	Amount	ACJC Title	Amount
<input type="checkbox"/> Match Grants	\$0.00	<input type="checkbox"/> Travel - In State	\$0.00
<input checked="" type="checkbox"/> Gang & Substance	\$2,148.30	<input type="checkbox"/> Travel - Out of State	\$0.00
<input type="checkbox"/> Witness Protection	\$0.00	<input type="checkbox"/> Other Operating	\$0.00
<input type="checkbox"/> Civil Remedies	\$0.00	<input type="checkbox"/> Equipment	\$0.00
<input type="checkbox"/> Personnel Services	\$0.00	<input type="checkbox"/> Construction	\$0.00
<input type="checkbox"/> Professional/Outside	\$0.00		

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$2,148.30
Payee:	transfer fund 10 CC 24011016 PCSO RICO Fed. CC2302481
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

\_\_\_\_\_

Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

\_\_\_\_\_

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_

Pinal County Attorney or Designee

\_\_\_\_\_

Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



# Pinal County Sheriff's Office

January 11, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a transfer from fund 10 Cost Center 2401016 Object: Other Printing in the amount of \$3,924 utilizing PCSO RICO federal funds (Cost Center 2302481), fund 185.

Postage for the Informational newsletter publication; burglary prevention, helpful links, resources, and volunteering.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,

  
Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name:

Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

ACJC Title	Amount	ACJC Title	Amount
<input type="checkbox"/> Match Grants	\$0.00	<input type="checkbox"/> Travel - In State	\$0.00
<input checked="" type="checkbox"/> Gang & Substance	\$3,924.00	<input type="checkbox"/> Travel - Out of State	\$0.00
<input type="checkbox"/> Witness Protection	\$0.00	<input type="checkbox"/> Other Operating	\$0.00
<input type="checkbox"/> Civil Remedies	\$0.00	<input type="checkbox"/> Equipment	\$0.00
<input type="checkbox"/> Personnel Services	\$0.00	<input type="checkbox"/> Construction	\$0.00
<input type="checkbox"/> Professional/Outside	\$0.00		

**B. Funding Source**

State

Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$3,924.00
Payee:	transfer fund 10.240.1016 PCSO RICO federal 2302481 fund 185
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

\_\_\_\_\_

Signature

Paul Babeu Sheriff

(Typed/Authorized Signer or Designee)

2/11/16  
\_\_\_\_\_

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_

Pinal County Attorney or Designee

\_\_\_\_\_

Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

## Deborah Lopez

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**From:** Tim Gaffney  
**Sent:** Tuesday, February 16, 2016 8:09 AM  
**To:** Deborah Lopez  
**Cc:** Paul Babeu; Paula Pollock; Teresa Eierdam  
**Subject:** RICO Letter for Postage  
**Attachments:** pdf letter.pdf

Debbie,

Can you please do a RICO request letter similar to the one you did for the printing of the newsletter so that we can reimburse for postage? There were a total of 8,175 sent out via mail and the postage was .48 cents per piece. Please do the RICO request for \$3,924. Once complete can you email me a copy for my records. Thanks, Tim

Respectfully,

Tim Gaffney  
Director of Administration, Pinal County Sheriff's Office  
971 Jason Lopez Circle Florence, AZ 85132  
Office: 520-866-5174 • Cell: [REDACTED]  
On Call PIO: [pcsopio@pinalcountyz.gov](mailto:pcsopio@pinalcountyz.gov)  
Records Request: [www.pinal.foiaview.com](http://www.pinal.foiaview.com)



*Keeping you, your family and  
our communities safe*

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# Pinal County Sheriff's Office

January 19, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting payment for training expenses in the amount of \$3,847.06, utilizing PCSO RICO federal funds (Cost Center 2302481), fund 185.

Attached is the Jan.6-8 attendance schedules, for Pinal County Sheriff Paul Babeu and Pinal County Sheriff's Director of Administration Tim Gaffney

The funding for this training will be paid from Seized Criminal Money (RICO).  
Air Fare \$2,612.40 - Hotel \$819.82 – Per Diem \$345.00 - Cab fare \$69.84.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,

  
Paul Babeu, Sheriff  
Pinal County, Arizona

## PINAL COUNTY, ARIZONA TRAVEL EXPENSE REQUEST

TRAVELER'S NAME: <u>Tim Gaffney &amp; Paul Baber</u>	DEPARTMENT: <u>Please Select One</u>
DESTINATION (City/State/Zip Code): <u>Washington DC</u>	TRAVEL METHOD: <u>Please Select One</u>

PURPOSE OF TRIP: <u>Meet w/ Elected Officials, NSA-EXEC. DIR/Staff &amp; other leaders. Please Select One</u>	COST CENTERS: _____ SUB LEDGERS: _____
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ESTIMATE OF ALLOWABLE TRAVEL EXPENSES	ACTUAL ALLOWABLE TRAVEL EXPENSES
---------------------------------------	----------------------------------

DATES AND TIMES OF TRIP:				DATES AND TIMES OF TRIP:					
Month	Day	Year	Time	Month	Day	Year	Time		
Departure	JAN.	6	2016	15:50	Departure				
Return	JAN.	8	2016	10:23	Return				
Daily Per Diem Rate	# of Days	per diem rate		Daily Per Diem Rate	# of Days	per diem rate			
First/Last Day Of Travel Rate (75% of Daily Rate)	2			First/Last Day Of Travel Rate (75% of Daily Rate)	2				
Meals Being Provided by Conference / Hotel:				Meals Being Provided by Conference / Hotel:					
Breakfast (First/Last Day)	0	@	\$0.00	\$0.00	Breakfast (First/Last Day)	0	@	\$0.00	\$0.00
Breakfast (Regular)	0	@	\$0.00	\$0.00	Breakfast (Regular)	0	@	\$0.00	\$0.00
Lunch (First/Last Day)	0	@	\$0.00	\$0.00	Lunch (First/Last Day)	0	@	\$0.00	\$0.00
Lunch (Regular)	0	@	\$0.00	\$0.00	Lunch (Regular)	0	@	\$0.00	\$0.00
Dinner (First/Last Day)	0	@	\$0.00	\$0.00	Dinner (First/Last Day)	0	@	\$0.00	\$0.00
Dinner (Regular)	0	@	\$0.00	\$0.00	Dinner (Regular)	0	@	\$0.00	\$0.00
Lodging					Lodging				
Registration Fee					Registration Fee				
Transportation:					Transportation:				
Airfare					Airfare				
Personal Vehicle:					Personal Vehicle:				
Official Map Miles	0	@	0.575	\$0.00	Official Map Miles	0	@	0.575	\$0.00
Commute Miles	0	@	0.575	\$0.00	Commute Miles	0	@	0.575	\$0.00
Vehicle Rental					Vehicle Rental				
Taxi/Shuttle/Public Transportation					Taxi/Shuttle/Public Transportation				
Parking Fees/Tolls					Parking Fees/Tolls				
Telephone/Internet					Telephone/Internet				
Baggage Fees					Baggage Fees				
Other:					Other: <u>CAB fare</u>				<u>69.89</u>
<b>TOTAL ESTIMATED EXPENSES</b>				<b>\$0.00</b>	<b>TOTAL ACTUAL EXPENSES</b>				<b>\$0.00</b>

PREPAYMENTS AND ADVANCES		PREPAYMENTS AND ADVANCES	
Other		Other	
Airfare		Airfare	<u>2,612.90</u>
Registration		Registration	
Lodging		Lodging	<u>519.82</u>
Per Diem		Per Diem	<u>315.00</u>
<b>TOTAL PREPAYMENT</b>		<b>TOTAL PREPAYMENT</b>	<u>3,447.72</u>

**CERTIFICATION AND AUTHORIZATION**  
 I hereby certify/affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of the Pinal county travel policy.

Traveler x <u>[Signature]</u> Date Prepared _____ Approving Authority x <u>[Signature]</u> Date Approved <u>2-2-16</u> CM / ACM x _____ Signature	Traveler x <u>[Signature]</u> Date Prepared _____ Approving Authority <u>[Signature]</u> Date Approved <u>2-2-16</u> CM / ACM x _____ Signature
--	--

(The County Manager or Assistant County Managers must approve out of state travel for Pinal County employees unless the Department is headed by an Elected Official)

FINANCE DEPARTMENT	BOARD OF SUPERVISORS / TREASURER
Rev. J By x _____ Signature	BOS x _____ TRS x _____ Signature Signature



# Pinal County Sheriff's Office

February 17, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a transfer for training expenses in the amount of \$3,502.06, utilizing from cost center 2401016 to PCSO RICO federal funds (Cost Center 2302481), fund 185.

Attached is the Jan.6-8 attendance schedules, for Pinal County Sheriff Paul Babeu and Pinal County Sheriff's Director of Administration Tim Gaffney

The funding for this training will be paid from Seized Criminal Money (RICO).  
Air Fare \$2,612.40 - Hotel \$819.82 - Cab fare \$69.84.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$0.00	<input type="checkbox"/>	Travel - Out of State	\$3,502.06
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State  Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$3,502.06
Payee:	Transfer Training Exp. From CC 24106 to PCSO Fed. 2302481
Hold for/Deliver to:	
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.



Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
Pinal County Attorney or Designee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



# Pinal County Sheriff's Office

February 23, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

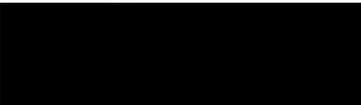
I am requesting a check in the amount of \$10,050.00, payable to Guandolo Associates LLC, utilizing PCSO Federal RICO cost center 2302481.

Attached memorandum of agreement between Pinal County Sheriff's Office and Guandolo Associates LLC for 3 days of training beginning on March 14<sup>th</sup> "Understanding the Threat".

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,

  
Paul Babeu, Sheriff  
Pinal County, Arizona





The Pinal County Sheriff's Office, in partnership Pima County Sheriff's Department, is proud to sponsor a very important training opportunity.

**March 15,16,17** the highly popular "**Understanding the Threat**" (*Investigating and Understanding the Jihadi Threat to United States Law Enforcement*) training program will occur at the Pima County Fleet Services Auditorium from 0800 to 1630 each day.

Normally this training is cost prohibitive to all but the largest agencies, all of our partners know how critical it is to share this information with Law Enforcement and have found a way to leverage relationships and funding in a way to make this opportunity **Absolutely Free** to your agency.

This training is critical to line level officers, supervisors and leadership who serve in our Law Enforcement Community. This training is approved by AZPOST for 24 hours of continuing training.

There are only 56 slots available due to space constraints. Be prepared to participate in open discussion and walk away with the knowledge of a real time national security threat that affects not only the rule of law in our United States, but ideas and techniques on how to combat this threat as we perform the day to day duties we all have as we serve our citizens.

Training Location will be:

Pima County Fleet Services

1291 S. Mission Road Tucson, Arizona 85713

To confirm your seat in the class, or if you have questions, please contact:

SGT Renne Carlson-

[renee.carlson@sheriff.pima.gov](mailto:renee.carlson@sheriff.pima.gov)



# Guandolo Associates LLC

## Memorandum of Agreement

### Description of Event

The following represents an agreement between Guandolo Associates LLC and Sheriff Paul Babeu, Pima County, Arizona, and outlines specific conditions and services to be provided.

Name of Event: Understanding and Investigating Jihadi Networks in America  
Program Dates: Monday March 14th thru Wednesday March 16th, 2016  
Location: Pima County Sheriff's Office

### Details of Participation

Guandolo Associates LLC, doing business as Understanding the Threat (UTT), will provide three (3) full days of training hosted by the Pima County Sheriff's Office in cooperation of the Pinal County Sheriffs Office during the above mentioned dates. Additionally, Guandolo Associates LLC will provide 10 copies of Raising a Jihadi Generation as a part of the course cost, and 10 copies at a reduced cost of \$10 per book for a total of \$50.

Pima County Sheriff's Office will provide the venue, refreshments for students, and all presentation needs (Projection, audio, basic room setup) for Guandolo Associates LLC at no additional cost to Guandolo Associates LLC for the duration of the program.

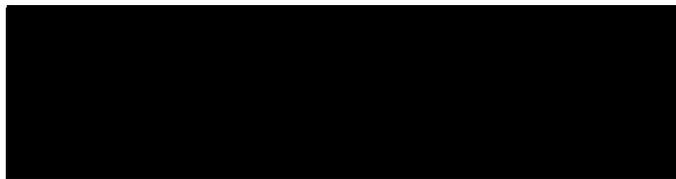
The total cost to be paid to Guandolo Associates LLC for this training and the extra books provided as detailed above is \$10,050.

If this agreement is suitable, please sign below.

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Sheriff Paul Babeu, Pinal County Sheriff's Office

Date



2/10/2016

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John D. Guandolo for Guandolo Associates LLC

Date

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>John D. Guandolo</b>	
	Business name/disregarded entity name, if different from above <b>Guandolo Associates LLC</b>	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>C</b> <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see Instructions) ▶	
	Address (number, street, and apt. or suite no.) [REDACTED]	Requester's name and address (optional)
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>	
[REDACTED]	[REDACTED]

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Employer identification number</b>	
[REDACTED]	[REDACTED]

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	[REDACTED]
------------------	----------------------------	------------

Date ▶ **12/07/2015**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# Pinal County Sheriff's Office

March 31, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$5,000.00 payable to San Manuel Elks Lodge #2007, utilizing PCSO TF RICO 2468.

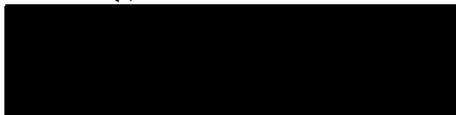
Project graduation will be an all-night memorable event, to be held on May 24, with activities for seniors to enjoy.

As these graduates start their next stage in their lives, this event will keep those in attendance from being a potentially dangerous night free from drugs and or alcohol and drinking and driving.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**SAN MANUEL LODGE NO. 2007**  
**BENEVOLENT AND PROTECTIVE ORDER OF ELKS**  
**A FRATERNAL ORGANIZATION**  
POST OFFICE BOX 3  
SAN MANUEL, ARIZONA 85631  
(520) 395-4041

November 25 th, 2015

Sheriff Paul Babeu,

In partership with the Pinal County Sheriff's Department and other community organizations, the Elk's Lodge will be the site for an alcohol and drug free graduation party for this year's graduating class at San Manuel Junior/Senior high. Our goal is to make this a very memorable evening for our young adults. As they begin the next stage of their lives, this can be, and has been a potentially dangerous evening for graduates.

The graduation party, called Project Graduation, will be held all-night, after graduation. The evening will be jam-packed with things for the recent graduates to do including, dancing, karaoke, movies, horseshoes, basketball, casino-night, special presentations and drawing for prizes. There will also be lots of food and drink throughout the course of the evening, including a breakfast in the morning.

We ask for your help. Anything that you or your organization or business can do to help with our party would be greatly appreciated. We continue to seek money to help with the purchase of refreshments and to help with the purchase of door prizes. Otherwise, if there is a specific door prize that you would like to donate, that would be great too. All donors will receive special recognition in press releases and on the evening event. Any help that you can give will be welcomed and greatly appreciated.

In this increasingly difficult time for our community, we are called on to continue to step up and to keep making good things happen for the good people that continue to live here. Your continued support of community interests and events is greatly appreciated. For donation purposes, our non-profit tax number is # [REDACTED]

Thank you for your time and consideration. If you have any questions feel free to contact me at [REDACTED] or the Elk's Lodge at [REDACTED]

Sincerely,  
[REDACTED]

**PINAL COUNTY ATTORNEY'S OFFICE**

Agency Application for RICO Funds

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

ACJC Title	Amount	ACJC Title	Amount
<input type="checkbox"/> Match Grants	\$0.00	<input type="checkbox"/> Travel - In State	\$0.00
<input checked="" type="checkbox"/> Gang & Substance	\$5,000.00	<input type="checkbox"/> Travel - Out of State	\$0.00
<input type="checkbox"/> Witness Protection	\$0.00	<input type="checkbox"/> Other Operating	\$0.00
<input type="checkbox"/> Civil Remedies	\$0.00	<input type="checkbox"/> Equipment	\$0.00
<input type="checkbox"/> Personnel Services	\$0.00	<input type="checkbox"/> Construction	\$0.00
<input type="checkbox"/> Professional/Outside	\$0.00		

**B. Funding Source**

State  Federal

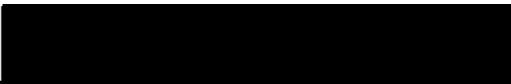
**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An Itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$5,000.00
Payee:	San Manuel Lodge No. 2007
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

  
 Signature  
Paul Babeu, Sheriff  
 (Typed/Authorized Signer or Designee)

3-31-16  
 Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
 Pinal County Attorney or Designee \_\_\_\_\_  
 Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

*Benevolent & Protective Order of Elks of the USA*

Business name/disregarded entity name, if different from above

*2007 SAN MANUEL*

Check appropriate box for federal tax classification:

Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Exempt payee

Other (see instructions) ▶

Requester's name and address (optional)

See Specific Instructions on page 2.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-			-		
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

--	--	--	--	--	--	--	--	--

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

--

Date ▶

*1/27/14*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# Pinal County Sheriff's Office

March 31, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$5,000.00 payable to Operation Graduation TIN #86-6000557, for Casa Grand Union High School and Vista Grande High School, utilizing PCSO TF RICO 2302468.

The graduation event night will be safe, chemical free and chaperoned for approximately 325-400 students.

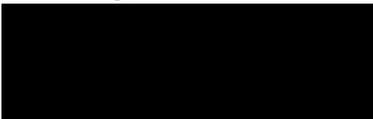
As you know, this can be, and has been, a potentially dangerous night for high school graduates. In fact, just six years ago there was fatal car wreck that my deputies responded to on graduation night, where one of the students was killed. It was determined that impaired driving was a contributing factor in the fatal wreck. Our goal is to make this a very safe and memorable evening for our graduates.

The activities provided at Operation Graduation afford local youth positive recreational opportunities, resulting in reduction in local juvenile crime, drug use and impaired driving, which historically accompanies High School graduation night.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

971 Jason Lopez Circle Building C \* P.O. Box 867 \* Florence, AZ 85132  
Main (520) 866-6800 \* Fax (520) 866-5195 \* TDD (520) 868-6810

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$5,000.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$5,000.00
Payee:	Operation Graduation
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.



Signature

3-31-16

Date

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
Pinal County Attorney or Designee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Date issued: \_\_\_\_\_

# CASA GRANDE UNION HIGH SCHOOL DISTRICT

DR. SHANNON GOODSSELL  
CASA GRANDE UNION HIGH SCHOOL DISTRICT OFFICE  
SUPERINTENDENT  
1362 N CASA GRANDE AVENUE  
CASA GRANDE, AZ 85122  
520.316.3360

TOM TRIGALET  
CASA GRANDE UNION HIGH SCHOOL  
PRINCIPAL  
2730 N TREKELL ROAD  
CASA GRANDE, AZ 85122  
520.836.8500

TIM HAMILTON  
VISTA GRANDE HIGH SCHOOL  
PRINCIPAL  
1556 N ARIZOLA AVENUE  
CASA GRANDE, AZ 85122  
520.876.9400

Dear Sponsor:

**Operation Graduation** has been going on for over 3 years! New and exciting plans are underway for the **2016 Operation Graduation Celebration**. This event is safe, chemical free and chaperoned by caring businesses, parents and volunteers. **Operation Graduation** depends on *your support* to take place.

This year, Casa Grande Union High School and Vista Grande High School will each have a graduating class of approximately 325-400 students. CGUHS' graduation is on May 17<sup>th</sup> and VGHS' graduation is on May 19<sup>th</sup>. To allow students to celebrate their accomplishment with their families on the night of their graduation and yet to provide them with a chance to celebrate with their class in *safety*, we will be sponsoring a joint celebration on Wednesday, May 18<sup>th</sup> for seniors from both schools. In order to accomplish this, we need your help. This year our goal is to raise \$15,000 to fund the celebration and transportation for all the students. We need your support. Your sponsorship is *vital* for our success. We are seeking monetary sponsorships for **Operation Graduation**. Please note, not to be confused with any Senior Class Trips and/or fundraisers.

Casa Grande Union High School  
Commencement Ceremony

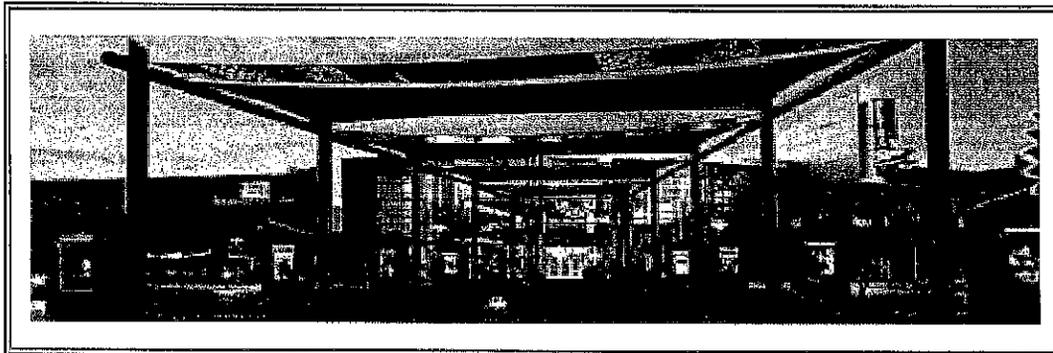
Tuesday, May 17, 2016

*Combined*  
**Operation Graduation Celebration**  
Wednesday, May 18, 2016  
7:00 PM – 10:00 PM

Vista Grande High School  
Commencement Ceremony

Thursday, May 19, 2016

This year we will bus our students to the Ultrastar Multi-Tainment Center at Ak-Chin Circle in Maricopa. This facility has 12 movie theaters, 24 bowling lanes, two stories of action packed laser tag, 42 arcade games and restaurants all under one roof with a stunning Amphitheater outside. Graduates will be able to enjoy plenty of fun, food, bowling, laser tag and arcade games throughout the night all within a safe environment.



**To Sponsor Operation Graduation contact:**

Tracy Mason [REDACTED]

**To Volunteer contact:**

Colleen Wilhite (520) 876-9400 ext 4102  
Zona Campas (520) 836-8500 ext 3102

**Send Monetary Sponsorships to:**

Wells Fargo Bank  
ATTN: Barbara Clark  
1276 E Florence Blvd  
Casa Grande, AZ 85122

**OG Committee Contacts:**

Tracy Mason [REDACTED]  
Lori Sinks [REDACTED]  
Nikki Morrow [REDACTED]

**Make Checks Payable to: Operation Graduation, TIN# [REDACTED]**

**Special Thanks to: The Greater Casa Grande Chamber of Commerce**

Sincerely,

[REDACTED]  
Tracy Mason

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

**Operation Graduation**  
 Blank name disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)  Exempt payee

Other (see instructions)

Address (number, street, and city or village)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

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**Employer identification number**

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Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and:

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below).

**Certification Instructions:** You must check both item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**

Signature of U.S. person

Date: 3-18-2014

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# Pinal County Sheriff's Office

April 4, 2016

Mr. Lando Voyles  
Pinal County Attorney  
30 N. Florence Street, Bldg D  
Florence, AZ 85132

Dear Lando,

I am requesting check in the amount of \$5,000 from PCSO TF state RICO funds (Cost Center 2302468) payable to Florence High School.

Florence High School is continuing "Graduation Night Lock-in" for the 5<sup>th</sup> year in a row. Graduation Night Lock-In event is to be held on the evening of May 26, 2016. The goal of this event will be to give students a fun and safe place to enjoy their graduation night free from drugs and alcohol. The 2015 Graduation Night Lock In was the most successful in three years, and they look forward to building upon that success and making 2016 event better! Their attendance rate of over 90% for last years' event helped to build a spirit of excitement among our students.

Across the country, thousands of students are killed or injured on their graduation night due to alcohol or drug related incidents. Florence High School goal is to eliminate this risk to students. Of the estimated graduating class of 150 students, our goal is to have 120 students volunteer to stay on campus overnight. They have always well-exceeded over 80% of the graduating class attend the event with no drug or alcohol related incident since this program was instated.

The school will provide entertainment and food for those who choose to stay until 6am the next morning. All activities would be supervised by teachers, administrators, parent volunteers, and various law enforcement officers. Students present will have a safe environment, free from the risks of drugs, alcohol, and traffic related injuries or fatalities.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133.

Thank you for your support

Respectfully,  
Paul Babeu, Sheriff  
Pinal County, Arizona

971 Jason Lopez Circle Building C \* P.O. Box 867 \* Florence, AZ 85132  
Main (520) 866-6800 \* Fax (520) 866-5195 \* TDD (520) 868-6810

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

ACJC Title	Amount	ACJC Title	Amount
<input type="checkbox"/> Match Grants	\$0.00	<input type="checkbox"/> Travel - In State	\$0.00
<input checked="" type="checkbox"/> Gang & Substance	\$5,000.00	<input type="checkbox"/> Travel - Out of State	\$0.00
<input type="checkbox"/> Witness Protection	\$0.00	<input type="checkbox"/> Other Operating	\$0.00
<input type="checkbox"/> Civil Remedies	\$0.00	<input type="checkbox"/> Equipment	\$0.00
<input type="checkbox"/> Personnel Services	\$0.00	<input type="checkbox"/> Construction	\$0.00
<input type="checkbox"/> Professional/Outside	\$0.00		

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$5,000.00
Payee:	Florence High School
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

  
 \_\_\_\_\_  
 Signature  
 Paul Babeu, Sheriff  
 \_\_\_\_\_  
 (Typed/Authorized Signer or Designee)

\_\_\_\_\_  
 Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
 Pinal County Attorney or Designee

\_\_\_\_\_  
 Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



Florence High School – [www.fhs.fusdaz.com](http://www.fhs.fusdaz.com)  
 1000 S. Main Street • Florence, Arizona • (520) 866-3560  
**“BUILDING CHAMPIONS OF TODAY AND TOMORROW”**

*Thad Gates – Principal*

*Dawn Winsor – Assistant Principal*

*Shawn Cluff – Assistant Principal*

Florence High School  
 1000 S. Main St.  
 Florence, AZ 85132

Re: Request for Donations for Graduation Night Lock-In

Dear Sheriff Paul Babeu,

We are writing this letter to request assistance for our fifth annual Florence High School Graduation Night Lock-In event to be held on the evening of May 26, 2016. The goal of this event will be to give students a fun and safe place to enjoy their graduation night free from drugs and alcohol. A donation of \$7,500 would help cover our expenses and allow us to put on the event as we envision it. Your support last year helped make it the 2015 Graduation Night Lock In the most successful we've had in three years, and we look to build upon that success and make 2016 event better! In fact, our attendance rate of over 90% for last years' event has helped to build a spirit of excitement among our students.

Across the country, thousands of students are killed or injured on their graduation night due to alcohol or drug related incidents. Our goal at Florence High School is to eliminate this risk to our students. Of our estimated graduating class of 150 students, our goal is to have 120 students volunteer to stay on campus overnight. The school would provide entertainment and food for those who choose to stay until 6am the next morning. All activities would be supervised by teachers, administrators, parent volunteers, and various law enforcement officers. Students present will have a safe environment, free from the risks of drugs, alcohol, and traffic related injuries or fatalities. With the support of the Sheriff's Office, we have always well-exceeded having over 80% of our graduating class attend this event and we have not had a drug or alcohol related incident with one of our graduates since this program was instated.

All donated money will specifically be used to cover the cost of the event listed above, as this is a not for profit event. If you have any questions, you contact me at 520-866-3500 x 7042, or directly via email at [dsilvas@fusdaz.org](mailto:dsilvas@fusdaz.org). Thank you for your time and consideration.

Sincerely,

Sincerely,

Thad Gates  
 Florence High School  
 Principal

David Silvas  
 Florence High School  
 Graduation Night Lock-In Committee Chairman





# Pinal County Sheriff's Office

April 4, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$500.00 payable to YMCA, utilizing PCSO State RICO funds (Cost Center 2302469).

In sponsoring the YMCA Annual Campaign for the 2016 YMCA Golf Classic, we can assist the YMCA in their mission for youth development, healthy living and social responsibility.

This is one of 3 events in San Tan Valley to promote opportunities for youth and families to receive scholarship assistance so that no one is denied service to the YMCA.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$500.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$500.00
Payee:	YMCA
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.



Signature

4-4-16

Date

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
Pinal County Attorney or Designee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Yes \$500  
per Sheriff  
State RICO



2016 YMCA Golf Classic  
Friday, April 8, 2016

**Sponsorship Agreement**

I/We accept the invitation to sponsor the 2016 YMCA Golf Classic. By making this tax-deductible unrestricted contribution (Note: The fair market value of this event will be determined prior to the event and will be reported to you on a receipt for your tax purposes.), I/we join with others in contributing to the *YMCA Annual Campaign*. It is my understanding that this contribution is to benefit the 2016 Fiscal Year. You may list my/our name on the 2016 YMCA Annual Golf Classic sponsor's roster as follows:

**SPONSORS NAME** (Please Print): Pinal County Sheriff Office

Valdez / Paula Pollock

*Please Note Name of Representative or Contact Person and Title*

We wish to support the Golf Classic @ the following level:  
(Note: Details on each level are included on the attached Sponsorship Opportunities):

<i>Please</i>	<i>CATEGORY</i>		<i>DONATION TO YMCA</i>
O	Golf Foursomes/Sponsorship	@	\$500

*Unless otherwise requested this serves as your invoice.*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please attach business card or supply the following information and mail/email to by April 1st!

Julie Starkey: [Redacted] or [jstarkey@vosymca.org](mailto:jstarkey@vosymca.org)

Copper Basin Family YMCA- 28300 N. Main Street, San Tan Valley, AZ. 85143

Copper Basin Family YMCA is a 501(c)3 nonprofit. A portion of your golf fees and sponsorship is a tax deductible.

# Copper Basin Family YMCA Annual Golf Classic - FRIDAY, APRIL 8th

Friday, April 8, 2016 -  
1pm Lunch & Shotgun Start  
**Johnson Ranch Golf Club**  
30761 Golf Club Drive, San Tan Valley, AZ. 85143

Through your participation in the YMCA Tournament, you can make a difference in the lives of kids throughout the community. The Copper Basin Family YMCA has a dedicated mission in 2016 to increase the level of positive impact on our communities through three important areas of focus: Youth Development, Healthy Living, and Social Responsibility.

This prestigious tournament supports the Annual Fundraising Campaign by providing critically needed financial support to ensure that no one's ever turned away for the inability to pay.  
**Please join us for lunch/ check-in and pre-tournament warm-up by 12noon.**



**EARLY BIRD REGISTRATION**  
Register and pay in full by March 31st  
**TITLE SPONSOR: Johnson Ranch Golf Club & Copper Basin YMCA**

**LUNCH SPONSOR @ \$1000: PRECOR**

**WATERING HOLE/HOLE IN ONE OR APPAREL SPONSOR: \$1,000**

*personal mention and logo recognition at the luncheon  
one foursome registration  
recognized as a President's Club member at the YMCA annually*

**FOURSOME: \$500**  
*Will enable four golfers entry and an eagle raffle ticket for a great day of golf!*

**HOLE SPONSOR: \$150**

**ALL GOLFERS WILL RECEIVE...**

*BBQ lunch, green fees, golf cart, practice balls, eagle raffle ticket, 19th hole celebration and high quality tee prize from OAKLEY.*

**YMCA Volunteer Golf Committee...**

1. Steve Johnson - State Farm
2. Jeff Lundgren - Johnson Ranch Golf
3. Keith Nelson-Riggs Law
4. Julie Starkey - YMCA



Numerous sponsorship opportunities are available. For more information, please call Julie Starkey at (602) 212-5146 or email: jstarkey@vosymca.org



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REGISTRATION FORM

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

REGISTER FOR THE FOLLOWING:

- Apparel Sponsor-\$1000
- Watering Holes Sponsor-\$1000
- Foursome-\$500
- Hole Sponsor-\$150
- DONATION TO THE YMCA

Player Name #1 Marvin Valdez

Player Name #2 Manny Celaya

Player Name #3 Ross Tapan

Player Name #4 DK Freeman

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

VISA  MC  DISC  AMEX

Signature \_\_\_\_\_

Payments can be made by check, cash or credit card. Please make checks payable to the YMCA. Checks can be mailed to:

Copper Basin Family YMCA  
Attn: Golf  
28300 North Main Street  
San Tan Valley, AZ. 85143  
480.882.2242

Visit [www.valleyymca.org](http://www.valleyymca.org) for more information.  
TX ID 86-0096799



# Pinal County Sheriff's Office

April 19, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$750.00 payable to Boys & Girls Clubs, Superstition Mountain branch, and utilizing PCSO State TF RICO funds (Cost Center 2302468).

The Superstition Mountain branch serves over 700 children per year. They continue to provide programs such as; Academic Success, KidsLit, MethSmart, DateSmart and Smart Moves to help children gain the skills they need which will positively affect their academic achievement, their avoidance of negative behaviors, and will carry over to their future lives as positive and contributing citizens.

The city funding grant does not provide for children outside the city boundaries and those funds have been decreased and the number of children has increased by almost 200 children, as well as the increase at the teen center with an additional 40 teens.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$750.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$750.00
Payee:	Boys and Girls Clubs (SM branch)
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

  
 \_\_\_\_\_  
 Signature  
 Paul Babeu, Sheriff  
 \_\_\_\_\_  
 (Typed/Authorized Signer or Designee)

4-19-16  
 \_\_\_\_\_  
 Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
 Pinal County Attorney or Designee

\_\_\_\_\_  
 Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

# BOYS AND GIRLS CLUBS OF THE EAST VALLEY, APACHE JUNCTION BRANCH- YESTERYEAR EVENTS FUNDRAISER

April 6, 2016

## INVOICE #1234

<b>Bill To</b>	
<b>Customer</b>	Pinal County Sheriff, Paul Babeu
<b>Address</b>	Pinal County Complex Florence, AZ
<b>Phone</b>	[Telephone]
<b>Payment Due</b>	April 9, 2016

Qty.	Item#	Description	Unit Price	Discount	Line Total
1		Table for 10 people to support the annual fundraiser for the local club.	\$750.00		\$750.00
Total Discount					0
Subtotal					\$750
Sales Tax					0
<b>Total</b>					<b>\$750</b>

Thank you for your business!

**BOYS AND GIRLS CLUBS OF THE EAST VALLEY, APACHE JUNCTION BRANCH- YESTERYEAR EVENTS FUNDRAISER**

P.O. BOX 1180; APACHE JUNCTION, AZ 85117 | WWW.CLUBZONA.ORG/2016YESTERYEAREVENT.ORG  
 p. [REDACTED] 2016YYEVENT@MEDIACOMBB.NET



# Pinal County Sheriff's Office

May 4, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$1,000.00 payable to Casa Grande Rotary Foundation, utilizing PCSO TF RICO 2468.

Casa Grande Union High School freshman was nominated for the National Academy of Future Physicians and Medical Scientists Award of Excellence. She will travel to Boston, Massachusetts to be recognized as a delegate, representing Casa Grande Union High School and the State of Arizona at the Congress of Future Medical Leaders.

Her tuition, for the Acceptance of Nomination, and stay from June 25<sup>th</sup> through June 27<sup>th</sup> is \$1744.00 plus the cost of flights.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,

A black rectangular box redacting the signature of Paul Babeu.

Paul Babeu, Sheriff  
Pinal County, Arizona

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

Name (as shown on your income tax return)  
**CASA GRANDE ROTARY FOUNDATION**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  Exempt payee  
 Other (see instructions) ▶ **501(c)(3) non-profit corporation**

Address (number, street, and apt. or suite no.)  
 [Redacted]

Requester's name and address (optional)  
 [Redacted]

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
 [Redacted]

Employer identification number  
 [Redacted]

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions on page 4.

Sign Here    Signature of U.S. person ▶ [Redacted] CPA    Date ▶ 5/4/2016

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$1,000.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State                       Federal

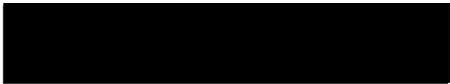
**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$1,000.00
Payee:	Casa Grande Rotary Foundation - Wheeler
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.



Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

5-4-16

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
Pinal County Attorney or Designee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



# Pinal County Sheriff's Office

May 20, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$2,000.00 payable to Imagine Prep Coolidge, utilizing PCSO State TF RICO 2302468.

Imagine Prep is providing graduating seniors a "Safe and Sober" "Lock In" grad night. Ensuring there well-being with supervision; no drugs, nor alcohol, or other illegal activities, while enjoying the fun activities with 60 students.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133.

Thank you for your support.

Sincerely



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name:

Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$2,000.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State

Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$2,000.00
Payee:	Imagine Prep Coolidge, INC.
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

\_\_\_\_\_

Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

5-20-16

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

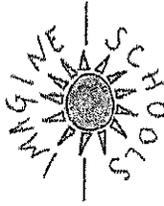
\_\_\_\_\_

Pinal County Attorney or Designee

\_\_\_\_\_

Date

Check #: \_\_\_\_\_ Date issued: \_\_\_\_\_



Imagine Prep Coolidge  
1290B W Vah Kl Inn Rd.  
Coolidge, Arizona 85128

Sherriff Paul Babeu  
Pinal County Sheriff's Office  
PO Box 867 Florence, AZ 85132

April 26, 2016

Dear Sherriff Babeu,

On May 24 we will be taking our graduating seniors on a "Safe and Sober" grad night. We are writing to request a donation that will help to fund this activity.

After graduation, our students will meet at the school where they will board a bus that will take them to FlipSide, an entertainment center with bowling, food, and an arcade. The students will be "locked in" from the time that we arrive at our destination until the time that we return home, which will be around 5 am.

The purpose of this activity is for us to supply a fun and safe activity for our graduating seniors. By taking them to a secure but fun location for this activity, we are ensuring that there will be no drugs, alcohol, or other illegal activities taking place. The activity will also be well supervised. We anticipate that we will have approximately 60 students attending this event.

We would like to request a donation of \$2,000 that will help pay for food, the bus, and various raffles that we would like to do that night.

Your support of this activity would be greatly appreciated.

Sincerely,

  
Principal  
Imagine Prep Coolidge

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Imagine Prep Coolidge INC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee  <input type="checkbox"/> Other (see instructions) ▶	
Address (street, apartment, or rural route) (optional) <div style="background-color: black; width: 100%; height: 20px;"></div>		Requester's name and address (optional)
City or town, state, and ZIP code (optional) <div style="background-color: black; width: 100%; height: 20px;"></div>		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	<b>Employer identification number</b>																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>													<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# Pinal County Sheriff's Office

May 20, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$1,000.00 payable to Family First Pregnancy Care Center & Family Diaper Bank, utilizing PCSO State TF-RICO 2302468.

"Family First" provides families in crisis with new life changing assistance. They help young parents transition into new roles of parenting in raising a child. The board and staff support these young parents in listening to them and by encouraging them in their new life changing responsibilities

If you have any questions regarding this matter, please feel free to contact me 520-866-5133.

Thank you for your support.

Sincerely,

  
Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

ACJC Title	Amount	ACJC Title	Amount
<input type="checkbox"/> Match Grants	\$0.00	<input type="checkbox"/> Travel - In State	\$0.00
<input checked="" type="checkbox"/> Gang & Substance	\$1,000.00	<input type="checkbox"/> Travel - Out of State	\$0.00
<input type="checkbox"/> Witness Protection	\$0.00	<input type="checkbox"/> Other Operating	\$0.00
<input type="checkbox"/> Civil Remedies	\$0.00	<input type="checkbox"/> Equipment	\$0.00
<input type="checkbox"/> Personnel Services	\$0.00	<input type="checkbox"/> Construction	\$0.00
<input type="checkbox"/> Professional/Outside	\$0.00		

**B. Funding Source**

State  Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$1,000.00
Payee:	Family First
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.



Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

5-20-16

Date

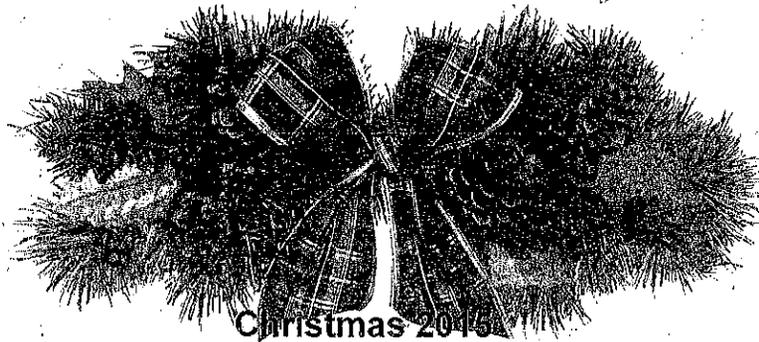
**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
Pinal County Attorney or Designee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



Christmas 2015

### A child is born!

As we look back on the year 2015, it has been a year of change! Is it just me or does the world seem a little more anxious, on edge, uncertain? As our world changes and life changes, we sometimes look back to a time a little slower, simpler, maybe an easier time? Maybe a time when we thought we had all the answers! At this time of year I always think back when I was a child and the fall brought cooler weather, the leaves changed and fell to the ground. As the weather changed it became colder, wetter, with the rains falling; then a miracle happened, it got colder and the rain turned to snow! Everything became covered with a coat of white, crystal, frozen snow! Everything was new again!

Here at Family First this past year we have seen something more amazing! We have seen families in the midst of crisis, of change, living without a hope - and then it happens - a child is born! For young couples who have no purpose, no direction in life, all of a sudden, there is a life changing miracle! New life! A child is born, a purpose, ready or not a young boy becomes a father, a young girl becomes a mother. There is a new child who depends on them for everything!

We are blessed to be a part of this miracle, seeing countless lives changed, along with the birth of a child, families are born! We are here to help young people transition into new roles, from a child, to an adult, to parents now responsible for raising a child! We are here to encourage, to help, to listen. Along with new life, hope is born!

At this Christmas season I am taken back to a small town, Bethlehem. Many years ago, hope was born to us all! Angels brought to us all this message: "Don't be afraid, for behold I bring you good news, great joy, for all the people, today in Bethlehem there has been born to you a Savior, who is Christ the Lord!" Good news for us all!

We thank God for all of you who have supported us this past year, you are part of the miracle, and you are part of the new lives, new families, and a new hope for this generation! May God the Father and our Savior Jesus Christ, bless you and your families during the holiday season and on into an exciting New Year, full of hope, new beginnings, new life!

God Bless,

The Board and Staff of Family First,  






# Pinal County Sheriff's Office

May 24, 2016

Hon. Lando Voyles  
Pinal County Attorney  
30 N. Florence Street, Bldg. D  
P.O. Box 887  
Florence, AZ 85132

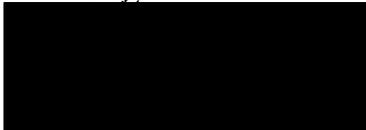
Dear Lando,

I am requesting a check in the amount of \$2,500.00 payable to KDP ATHLETICS, utilizing PCSO State TF RICO funds (cost center 2302468).

KDP ATHLETICS is a non-profit football organization that helps Casa Grande area high school youth from engaging in drug use, gang activity, and teen pregnancy. Their goal is for the youth athletes to obtain a college education and provide the top 50 11<sup>th</sup>-12<sup>th</sup> graders football program scholarships.

Thank you for your support. If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name:

Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$2,500.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$2,500.00
Payee:	KDP Athletics
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

  
 \_\_\_\_\_  
 Signature  
 Paul Babeu, Sheriff  
 \_\_\_\_\_  
 (Typed/Authorized Signer or Designee)

5-24  
 \_\_\_\_\_  
 Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_ Pinal County Attorney or Designee                      \_\_\_\_\_ Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_





**PINAL ELITE 50 EXPENSES**

<b><u>PRODUCT DESCRIPTION</u></b>	<b><u>PRICE</u></b>	<b><u>BREAKDOWN</u></b>
Coaches Compensation	\$1,200.00	(\$200 x 6 coaches)
Compression shirt/shorts	\$1,000.00	
Battle Sports Science Gloves	\$1,000.00	(\$20 x 50 participants)
Hotels expenses	\$500.00	(\$100/night x 5 rooms)
Battle Sports Science Mouthpiece	\$500.00	(\$10 x 50 quantity)



# Pinal County Sheriff's Office

May 24, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$2,500.00 payable to Pinal Hispanic Council, utilizing PCSO State TF RICO cost center 2302468.

The Santa Cruz Valley Union High School along with collaborating partners; the Eloy Governor's Alliance Against Drugs Coalition, SCVUHS PTO, City of Eloy Parks and Recreation and Parents are providing a "Safe and Sober Graduation Night".

Providing seniors a fun, safe, alcohol and drug-free event, preventing even one accident or fatality is worth the time and funding. Eloy Police Department reported the highest total overall juvenile crime between the ages of 14-18 revealed underage drinking in Eloy was quite common. Their reasons included; boredom, for fun, for attention and peer pressure. Unfortunately, 77% of teenage alcohol-related accidents and fatalities occur on graduation night between midnight and 3:00 am.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACIC Title	Amount		ACIC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$2,500.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An Itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$2,500.00
Payee:	<u>Pinal Hispanic Council</u>
Hold for/Deliver to:	<u>Hold for Pinal County Sheriff's Office</u>
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.



Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

5-24-16

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
Pinal County Attorney or Designee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



519 North Main Street, Eloy, Arizona 85131  
(520) 466-0921 • Fax (520) 466-0923

April 20, 2016

Dear Sheriff Paul Babeau,

The Santa Cruz Valley Union High School (SCVUHS) Safe and Sober Grad Night event is organized by the Eloy Governor's Alliance Against Drugs Coalition, SCVUHS PTO, City of Eloy Parks and Recreation, and Parents to provide a fun, safe, alcohol and drug-free, and supervised celebration for all Santa Cruz Valley Union High School graduating seniors and their guests. The event will take place at the Santa Cruz Valley Union High School Campus old cafeteria building and Gymnasium on May 19, 2016 beginning at 10:00 pm and ending approximately at 5:00 am the next morning. The event will provide food and snacks, lots of prizes, seniors will receive a t-shirt, huge inflatable games, DJ services and dancing, and free photos for all participants.

According to the 2015 Youth Town Hall conducted in Eloy in which 85 youth from Santa Cruz Valley Union High School and Eloy Junior High School from Eloy participated, the group revealed that alcohol and marijuana is still the drug of choice for youth in Eloy. The most common reasons given were boredom, to have fun, peer pressure from peers and family, influences of parents, and for celebrating (parties). More teenage alcohol-related accidents and fatalities occur on high school graduation night than at any other time of the year. More than 77% of those fatal crashes occur between midnight and 3:00 am.

Even if only one alcohol related injury or fatality is prevented by this alcohol free celebration, the extensive effort to plan and fund it will have been well worth it both for the high school students and Eloy. If we are able to gather the resources to make the Safe and Sober Graduation Night a spectacular event, more students will attend and spend the evening in a safe and alcohol/drug-free environment..

We would like to take this opportunity to request a donation of \$2500 for the SCVUHS Safe and Sober Grad Night (fiscal agent for EGAAD, Pinal Hispanic Council TAX ID: 86-0585274). Jointly we can continue to make a difference and continue to keep our youth safe. Please choose to support our efforts. All checks should be made out to Pinal Hispanic Council with EGAAD Grad Night in memo and sent to 107 E 4th St. Eloy, Arizona. Your contribution will help us expand our resources and do a far more extensive job of supporting our youth.

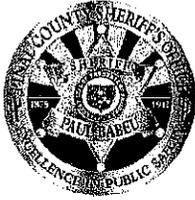
Should you like more information contact [REDACTED] at cell [REDACTED], or via email [REDACTED]

Sincerely,

[REDACTED]

[REDACTED], Chairperson

Eloy Governor's Alliance Against Drugs  
Coalition



# Pinal County Sheriff's Office

May 24, 2016

Hon. Lando Voyles  
Pinal County Attorney  
30 N. Florence Street, Bldg D  
Florence, AZ 85132

Dear Lando,

I am requesting a check in the amount of \$2,500.00 payable to Florence Unified School District for Poston Butte High School graduation, utilizing PCSO State TF RICO 2302468.

The Poston Butte High School is planning another year of "safe graduation lock-in" for their senior class of 2016. The High School will provide a celebration event for graduation class of 400 students; with a dance, games, activities, food and prizes. Our hope is to provide a safe environment for all seniors to have a safe alternative free from the risks of drugs, alcohol, and traffic related injuries or fatalities.

Thank you for your continued support.

Respectfully,



Paul Babeu, Sheriff  
Pinal County, Arizona

971 Jason Lopez Circle Building C \* P.O. Box 867 \* Florence, AZ 85132  
Main (520) 866-5111 \* Fax (520) 866-5195 \* TDD (520) 868-6810

**PINAL COUNTY ATTORNEY'S OFFICE**

Agency Application for RICO Funds

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$2,500.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State  Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$2,500.00
Payee:	Poston Butte High School
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.



Signature

5-24-16  
Date

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

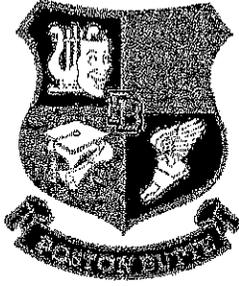
**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
Pinal County Attorney or Designee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



# Poston Butte High School

"Commitment To Excellence"

P.O. Box 2850 Florence, Arizona 85132

(480) 474-6100 | Fax (480) 888-0679

pbhs.fusdaz.com

**Dr. Shannon Anderson, Principal**

Re: Request for Graduation Night Lock-In Donations

Dear Sheriff Paul Babue,

We are writing this letter to request assistance for our fifth annual Poston Butte High School Graduation Night Lock-In event to be held on the evening of May 25, 2016. The goal of this event is to give students a fun and safe place to enjoy their graduation night, free from drugs and alcohol. A donation of \$5,000 would help us cover the expenses and allow us to put on the event as we envision it. Your support last year helped make it the 2015 Graduation Night Lock-In, the most successful one we've had yet, we are looking to build upon that success and make 2016 event better! In fact our attendance rate of over 90% for last year's event has helped to build a spirit of excitement among our students.

Across the country, thousands of students are killed or injured on their graduation night due to alcohol or drug related incidents. Our goal at Poston Butte High School is to eliminate this risk to our students. Of our estimated graduating class of 400 students, our goal is to have 300 students volunteer to stay on campus overnight. The school would provide entertainment and food for those who choose to stay until 6am the next morning. All activities are supervised by teachers, administration, parent volunteers and volunteer law enforcement officers/security. Students present will have a safe environment, free from the risks of drugs, alcohol and traffic related injuries or fatalities.

All donated money will specifically be used to cover the cost of the event listed above, as this is not a for-profit event. If you have any questions, please contact us at 480-474-6100 ext. 8554 or [sgolden@fusdaz.org](mailto:sgolden@fusdaz.org). Thank you for your time and consideration

Sincerely,

Sincerely,

[Redacted signature area]

Dr. Shannon Anderson

Shannon Golden

Poston Butte High School

Poston Butte High School

Principal

Graduation Night Lock-In Chairman

### Administration

Henry Saylor-Scheetz, Curriculum & Instruction

Steve Tannenbaum, School Safety

Jeff Cox, Athletic Director

William Perry, Activities Director & Academic Interventions





# Pinal County Sheriff's Office

May 27, 2016

Hon. Lando Voyles  
Pinal County Attorney  
30 N. Florence Street, Bldg D  
Florence, AZ 85132

Dear Lando,

I am requesting a check in the amount of \$5,000.00 payable to Superstition Mountain Museum, utilizing PCSO State TF RICO 2302468.

The Superstition Mountain Historical Society preserves history, Legends, and Love. The Museum is a non-profit organization that preserves the history in our state. A "Ribbon of Life" sculpture commemorates those who have lost their lives in the Superstition Mountain.

The project, because of the large expense, will take approximately 3 years to complete. The bronze sculpture, created by renowned sculptor Louis Longi, will have pieces of wreckage from aircraft where lives were taken. The outdoor sculpture will stand 6' tall and 15' long.

Thank you for your continued support.

Respectfully,

  
Paul Babeu, Sheriff  
Pinal County, Arizona

971 Jason Lopez Circle Building C \* P.O. Box 867 \* Florence, AZ 85132  
Main (520) 866-5111 \* Fax (520) 866-5195 \* TDD (520) 868-6810

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$5,000.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$5,000.00
Payee:	Superstition Mountain Museum - Ribbon of Life Sculpture
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

\_\_\_\_\_  
 Signature

5-27-16  
 Date

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
 Pinal County Attorney or Designee

\_\_\_\_\_  
 Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



Sheriff Paul Babeu  
P.O. Box 867  
Florence, AZ 85132

# Superstition Mountain Historical Society

Preserving History, Legends, Lore

RECEIVED  
NOV 28 2015

November 28<sup>th</sup> 2015

Dear Paul,

I am writing to you on behalf of the Superstition Mountain museum a non-profit organization that preserves the history in our state. (EIN# 07-3928371 Please see attached status letter.)

We are seeking tax deductible funding for a memorial sculpture commemorating those who have lost their lives in the Superstition Mountain.

The sculpture called the "Ribbon of Life," was created by renowned sculptor Louis Longi. This will be an outdoor, one of a kind bronze sculpture that will stand 6' tall and wind around like a metal ribbon to a total of 15' long. At the base it will incorporate pieces of the aircraft wreckage of Rockwell Commander N690SM from the Superstition Mountain Plane crash that took the lives of 6 people on 11.23.11.

Estimated cost for the project is 65K and we are trying to raise this money as we go due to the large expense. This project should take approximately 3 years to complete.

We are asking for a \$5000. donation to help launch this project. Please make out the check to Superstition Mountain Museum Ribbon of Life Sculpture.

If you have any further questions or need additional information please contact Liz Nicklus. Thank you so much for your consideration. Note: Hard copies mailed.

Liz Nicklus [REDACTED]  
Executive Director  
Superstition Mountain Museum  
480-983-4888

4087 N. Apache Trail  
Highway 88  
Apache Junction, AZ 85119

Sincerely [REDACTED]

**Internal Revenue Service  
P. O. Box 2508  
Cincinnati, OH 45201**

**Department of the Treasury**

**Date:** September 28, 2015

**Person to Contact:**  
Ms. Cottrell ID# [REDACTED]  
**Toll Free Telephone Number:**  
877-829-5500

**SUPERSTITION MOUNTAIN HISTORICAL SOCIETY  
ATTN: LIZ NICKLUS  
4087 N. APACHE TRAIL  
APACHE JUNCTION, AZ 85119**

Dear Sir or Madam:

This is in response to your September 08, 2015 request for a copy of the application for tax-exempt status and the determination letter for your organization.

We are unable to locate a copy of the application or determination letter for this organization. While we were able to provide copies of these documents, our records indicate a determination letter was issued in October 1980, recognizing the organization as exempt from Federal income tax under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate this organization is not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to this organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to the organization or for its use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[REDACTED]

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements





# Pinal County Sheriff's Office

May 31, 2016

Hon. Lando Voyles  
Pinal County Attorney  
P.O. Box 887  
Florence, AZ 85132

Honorable Voyles,

I am requesting a check in the amount of \$5,000.00 payable to 3 Wings of Life, utilizing cost center PCSO State TF RICO 2302468.

3 Wings of Life, a non-profit corporation, provides assistance for children K-6 and their families in need. Karen Perry lost her husband and three children after a plane crash on Thanksgiving Eve 2011, and has vowed to assist families. Providing a nurturing safe environment providing gardening, art, sports, structured play, homework, and family support. Hopefully in the future to add equine therapy to aid in their behavioral and emotional issues.

This loving care and concern will build a strong community to support our youth from engaging in local gangs, graffiti, drugs, sex and violence.

If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Thank you for your support.

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$5,000.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State  Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$5,000.00
Payee:	3 Wings of Life
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

  
 \_\_\_\_\_  
 Signature  
 Paul Babeu, Sheriff  
 (Typed/Authorized Signer or Designee)

5-31-16  
 \_\_\_\_\_  
 Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
 Pinal County Attorney or Designee

\_\_\_\_\_  
 Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

# 3 Wings of Life

November 23, 2015

Sheriff Paul Babeu  
P.O. Box 867  
Florence, AZ 85132

Dear Paul,

I'm writing to you on behalf of 3 Wings of Life, a non-profit organization for children in Pinal County.

We provide one-on-one as well as group experiences for children ages K-6 during our weekly meetings. Many varied experiences are offered to the children during these meetings including gardening, art, sports, structured play, homework and family support. We provide a safe place for these children to go, in a nurturing and caring environment. We also provide healthy snacks for them. Many of the children we work with are disadvantaged financially and/or by circumstances out of their control with one or more parents who are deceased, ill, absent, or incarcerated. Many of these children have additional challenges emotionally as a result of their circumstances.

Our goal for the near future is to be a facility operating with horses, providing Equine therapy. Horses have proven to be therapeutic for children, teaching them responsibility, as well as aiding in behavioral and emotional issues.

Excerpt from Equine Assisted Therapy: "Kids with emotional and behavioral issues can be difficult to work with. Most of them are slow to trust adults, and may be unwilling to trust anyone at all. In addition, if the emotional or behavioral issues are caused by abuse, the child could be angry and prone to emotional outbursts. Cognitive therapy that includes an equine assisted program can be of great benefit to this type of person.

There are several aspects of cognitive/equine assisted therapy that work well with kids who have emotional and behavioral issues. One of the simplest aspects is diversion. When a young person is focused on grooming, feeding, or exercising a horse, his focus is no longer on his own issues and problems. Far from being a "means of escape", caring for the horse provides an often-needed respite for the person's emotions and intellect. It can actually help the person feel refreshed and energized because the mind has been allowed to "rest" from its current problems. "

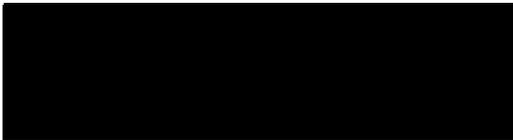
**3 Wings of Life is a 501 (c) (3) non-profit organization requesting \$5000. of financial assistance to continue operating and moving forward with our vision to help children.**

**Thank you,**

**Karen Perry – President**

**Eva Morgan – Executive Director**

**Leanne Peters - Treasurer**



Form **W-9**  
(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to the  
requestor. Do not  
send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above  
**3 Wings of Life**

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **Non-Profit Organization**  
 Other (see instructions) **Non-Profit Organization**

Exemptions (see instructions):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
 [Redacted]

Requester's name and address (optional)  
**Pinal County Sheriff's Office  
 Florence, AZ**

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**  
 [Redacted]

**Employer identification number**  
 [Redacted]

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person **[Redacted]**      **Date** \_\_\_\_\_

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [irs.gov](http://irs.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requestor) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

**4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.**

**Note.** If you are a U.S. person and a requestor gives you a form other than Form W-9 to request your TIN, you must use the requestor's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



# Pinal County Sheriff's Office

June 16, 2016

Hon. Lando Voyles  
Pinal County Attorney  
30 N. Florence Street, Bldg. D  
P.O. Box 887  
Florence, AZ 85132

Dear Lando,

I am requesting a check in the amount of \$20,000.00 payable to Community Outreach of Robson Ranch, utilizing \$10k from PCSO State TF RICO funds, cost center 2302468 and \$10k from PCSO State RICO 2302469.

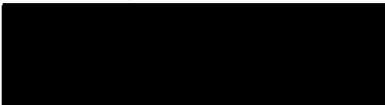
Community Outreach of Robson Ranch is a nonprofit organization of passionate volunteers that are committed to enriching the lives of children in the Eloy and surrounding areas, with education, health and safety.

The Eloy students suffer from the low social economic impact that plaques the community. The majority of Eloy's school students live in families with incomes below poverty level and all schools in the area have a 90 percent or higher free or deduced lunch eligibility population.

The CDC has listed the number three reason for student failure is low self-esteem or not having the confidence to succeed. CORR goals are to stop the trend of destruction behavior by giving the students the essential tools to succeed.

Thank you for your support. If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name:

Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

ACJC Title	Amount	ACJC Title	Amount
<input type="checkbox"/> Match Grants	\$0.00	<input type="checkbox"/> Travel - In State	\$0.00
<input checked="" type="checkbox"/> Gang & Substance	\$20,000.00	<input type="checkbox"/> Travel - Out of State	\$0.00
<input type="checkbox"/> Witness Protection	\$0.00	<input type="checkbox"/> Other Operating	\$0.00
<input type="checkbox"/> Civil Remedies	\$0.00	<input type="checkbox"/> Equipment	\$0.00
<input type="checkbox"/> Personnel Services	\$0.00	<input type="checkbox"/> Construction	\$0.00
<input type="checkbox"/> Professional/Outside	\$0.00		

**B. Funding Source**

State

Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An Itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$20,000.00
Payee:	Community Outreach of Robson Ranch
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

\_\_\_\_\_  
 [Redacted Signature]

Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

6-16-16

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
 Pinal County Attorney or Designee

\_\_\_\_\_  
 Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

April 5, 2016

Sheriff Paul Babeu  
971 Jason Lopez Circle  
Florence, AZ 85132

Dear Sheriff Paul Babeu,

Community Outreach of Robson Ranch is a nonprofit organization of passionate volunteers that are committed to providing the needs of students in the Eloy area with the tools needed to succeed in school, community and life. We are asking you to join us in this effort by sponsoring our annual spring safety fair and our winter signature event. CORR is requesting \$20,000.00 from seized criminal activity. CORR'S Safety Fair invites Eloy students and families to attend. Service Agencies participate and demonstrate what is available in Pinal County to assist families in health, education and various other public services.

As you know, Eloy is a destitute community and the school's students suffer from the low social economic impact that plaques the community. The majority of Eloy's school students live in families with incomes below poverty level and all schools in the area have a 90 percent or higher free or deduce lunch eligible population.

According to the 2011 US Census Bureau, students from families that live below poverty level are not prepared for primary schooling, have a higher number of absenteeism or leave school all together and, by the end of 4<sup>th</sup> grade, low-income students are already two years behind grade level in reading and math and by the time they reach 12<sup>th</sup> grade they are usually 4 years behind.

The CDC has listed the number three reason for student failure in school and life is low self esteem or not having the confidence to succeed. It has also been proven that children/families with limited educational skills turn to gangs, drugs and criminal behavior as a chosen lifestyle. CORR goal is to stop the trend of destructive behavior by giving the students of Eloy the essential tools to feel good about themselves and about their ability to succeed.

We are asking for your assistance in accomplishing our goals and giving the children of Eloy the chance to succeed and break all the barriers that prevent them from becoming successful. We thank you in advance for your consideration. Please feel Free to contact me for further questions or information at [BETTY@communityoutreachrobsonranch.or](mailto:BETTY@communityoutreachrobsonranch.or) or call me [REDACTED]

Sincerely,

[REDACTED]

Betty Peterson, President  
Community Outreach of Robson Ranch



# Pinal County Sheriff's Office

June 24, 2016

Hon. Lando Voyles  
Pinal County Attorney  
30 N. Florence Street, Bldg. D  
P.O. Box 887  
Florence, AZ 85132

Dear Lando,

I am requesting a check in the amount of \$1,000.00 payable to Maricopa amateur Radio Association, Inc. from PCSO State TF RICO funds, cost center 2302468.

Maricopa association non-profit organization (MARA) was founded in 2013. Currently with over 50 members who support ham radio education, instruction, use, and who are committed to the Maricopa community.

Students in high school and grade school participate and are members, keeping them active in positive recreational opportunities, results in reduction in local juvenile crime and drug use.

Thank you for your support. If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Sincerely,



Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

ACJC Title	Amount	ACJC Title	Amount
<input type="checkbox"/> Match Grants	\$0.00	<input type="checkbox"/> Travel - In State	\$0.00
<input checked="" type="checkbox"/> Gang & Substance	\$1,000.00	<input type="checkbox"/> Travel - Out of State	\$0.00
<input type="checkbox"/> Witness Protection	\$0.00	<input type="checkbox"/> Other Operating	\$0.00
<input type="checkbox"/> Civil Remedies	\$0.00	<input type="checkbox"/> Equipment	\$0.00
<input type="checkbox"/> Personnel Services	\$0.00	<input type="checkbox"/> Construction	\$0.00
<input type="checkbox"/> Professional/Outside	\$0.00		

**B. Funding Source**

State  Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$1,000.00
Payee:	Maricopa amateur Radio Association, Inc.
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

\_\_\_\_\_

Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

6/27/14

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_

Pinal County Attorney or Designee

\_\_\_\_\_

Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

449.125-(PL136.5) 446.300-(PL100.0) 224.126-(PL 156.7) 146.780-(PL100) 145.210-(PL162.2)



*Maricopa Amateur  
Radio Association, Inc.*

PO Box 951 Maricopa AZ 85139 Phone 520-222-7311

a registered 501(c) (3) nonprofit organization. IRS #46-2297818. Your donations are tax deductible



May 27, 2016

Pinal County Sheriff Department  
ATTN: Sheriff Paul Babeu  
971 Jason Lopez Circle, Bldg C  
Florence AZ 85132

Dear Sheriff Babeu,

You may remember visiting our monthly amateur radio association meeting one Saturday morning at Raceway Bar & Grill in Maricopa a couple of years ago.

At that point in time you mentioned that a \$1,000 donation would be made available to the club once we achieved a 501c3 not-for-profit organization status. I am pleased to let you know that we have accomplished the 501c3 status!

At this time, Maricopa Amateur Radio Association (MARA) is requesting a donation of \$1,000. MARA was founded in 2013. In three short years we have grown to become an association of 50+ members. We continue to gain new members, and we all strongly support ham radio education, instruction, use, and are committed to reinvesting in the Maricopa Arizona community.

With a donation from The Pinal County Sheriff's Department, it would partially fund the expansion of our existing radio repeaters in Pinal County, which expansion plans include:

1. A new repeater in the Hidden Valley area
2. Upgrading the feedline to our existing repeater at Central Arizona Community College

We look forward to favorable contribution that the Sheriff's Department would be able to send to our group!

Thank you so much!

Robert S. Howard, W8RH  
Board Member  
Club License Trustee

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See specific instructions on page 2

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Maricopa Amateur Radio Association, Inc.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (street, P.O. box, or suite no.) \_\_\_\_\_  
 City, state, and ZIP+4® \_\_\_\_\_  
 Requestor's name and address (optional) \_\_\_\_\_

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

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or

Employer identification number

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ \_\_\_\_\_ Date ▶ *6/24/2016*

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments:** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding (if you are a U.S. exempt payee, if applicable, you are also certifying that as a U.S. person, you are allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effect (see instructions on page 2).
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What is FATCA reporting?* on page 2 for further information.



# Pinal County Sheriff's Office

August 24, 2016

Hon. Lando Voyles  
Pinal County Attorney  
30 N. Florence Street, Bldg. D  
P.O. Box 887  
Florence, AZ 85132

Dear Lando,

I am requesting a check in the amount of \$10,000.00 payable to San Tan Valley Little League, utilizing PCSO State RICO funds, cost center 2302469.

STVLL ensures children receive the best and safest experience possible. Thousands of dollars in insurance coverage is paid out annually, along with field and restroom usage fees. In addition they provide and pay for; replacement equipment, uniforms, team pictures and qualified umpires. The registration fees only cover a small portion of the monies necessary to operate the league. They provide scholarships to children whose family is in financial hardship. Last year they offered scholarships to approximately 15-20% of the players within the league, and unfortunately anticipate the same or even a higher percentage this coming year. Several families have multiple siblings playing in the league, however, the maximum fee they pay is \$375.

To implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority, so that they may be well adjusted, stronger, drug free, and happier children who will grow to be good, decent, healthy and trustworthy citizens.

Thank you for your support. If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Sincerely,

  
Paul Babeu, Sheriff  
Pinal County, Arizona

971 Jason Lopez Circle Building C \* P.O. Box 867 \* Florence, AZ 85132  
Main (520) 866-6811 \* Fax (520) 866-5195 \* TDD (520) 868-6810

San Tan Valley Little League  
270 E. Hunt Highway Ste 16 Pmb 197  
San Tan Valley, Az 85143  
www.mystvll.org

June 2, 2016

Dear Mr. Paul Bubeu,

Hello, my name is [REDACTED] President of the San Tan Valley Little League (STVLL). We again anticipate providing the baseball experience to nearly 325 youth within San Tan Valley. Given the tough economic times most are experiencing, both here and nationwide, we are reaching out to local businesses in the area for sponsorship. The reasoning behind this is two-fold.

First, since our area is a relatively new and growing community we would like to bring a community feel to the league. Families may be made aware of a company, or companies, they may not have known about in the past. This was experienced this last year when we were able to name the fields after local companies that sponsored the league. Families were introduced to companies that they may not have been aware of before.

Second, due to the fact that STVLL spends thousands of dollars to ensure children receive the best and safest experience possible we often seek help from outside contributions. Thousands of dollars in insurance coverage is paid out annually, along with field and restroom usage fees for the location we play at. In addition to this, we provide and pay for; replacement equipment, uniforms, team pictures and qualified umpires. Our registration fees only cover a small portion of the monies necessary to operate the league. We have not, or will not, turn a child away who wishes to play. If a child's family is in financial hardship we will scholarship that player, or players, either partially, or in full, for the registration fee(s). Last year we offered scholarships to approximately 15-20% of the players within the league, and unfortunately we anticipate the same or even a higher percentage the coming year. We also have families who have several siblings and regardless of how many children they have playing in our league the maximum fee they pay is \$375.

In order for us to continue providing children with a quality baseball program such as ours, and make it affordable, we are asking for your financial assistance. We are requesting \$10,000.00 donation. We are in need of sponsors we are willing to donate to assist with the league's expenses and fulfill the mission of the league:

*To implant firmly in the children of the community ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority, so that they may be well adjusted, stronger and happier children and will grow to be good, decent, healthy and trustworthy citizens.*

Sincerely,

Shay McGuire  
President  
San Tan Valley Little League  
Cell (480)528-6217

**PINAL COUNTY ATTORNEY'S OFFICE**  
**Agency Application for RICO Funds**

Agency Name: Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

	ACJC Title	Amount		ACJC Title	Amount
<input type="checkbox"/>	Match Grants	\$0.00	<input type="checkbox"/>	Travel - In State	\$0.00
<input checked="" type="checkbox"/>	Gang & Substance	\$0.00	<input type="checkbox"/>	Travel - Out of State	\$0.00
<input type="checkbox"/>	Witness Protection	\$0.00	<input type="checkbox"/>	Other Operating	\$0.00
<input type="checkbox"/>	Civil Remedies	\$0.00	<input type="checkbox"/>	Equipment	\$0.00
<input type="checkbox"/>	Personnel Services	\$0.00	<input type="checkbox"/>	Construction	\$0.00
<input type="checkbox"/>	Professional/Outside	\$0.00			

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment of other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$10,000.00
Payee:	San Tan Valley Little League
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment of other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

*Paul R Babeu*  
 \_\_\_\_\_  
 Signature  
 Paul Babeu, Sheriff  
 \_\_\_\_\_  
 (Typed/Authorized Signer or Designee)

8/24/16  
 \_\_\_\_\_  
 Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_ Pinal County Attorney or Designee                      \_\_\_\_\_ Date

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_



# Pinal County Sheriff's Office

August 25, 2016

Hon. Lando Voyles  
Pinal County Attorney  
30 N. Florence Street, Bldg. D  
P.O. Box 887  
Florence, AZ 85132

Dear Lando,

I am requesting a check in the amount of \$500.00 payable to The Performing Arts Center Foundation, Inc. for the Veterans Parade, utilizing PCSO State RICO funds, cost center 2302469.

The First Annual Coolidge Veterans Day Celebration will be hosted by Military Honor Park/Artisan Village of Coolidge on November 12, 2016. They will honor and pay tribute to all Veterans and their families; past, present, and future.

Thank you for your support. If you have any questions regarding this matter, please feel free to contact me 520-866-5133

Sincerely,

A handwritten signature in black ink that reads "Paul R. Babeu". The signature is written in a cursive, flowing style.

Paul Babeu, Sheriff  
Pinal County, Arizona

**PINAL COUNTY ATTORNEY'S OFFICE**

**Agency Application for RICO Funds**

Agency Name:

Pinal County Sheriff's Office

**A. Intended use of funds (Check all applicable boxes)**

ACJC Title	Amount	ACJC Title	Amount
<input type="checkbox"/> Match Grants	\$0.00	<input type="checkbox"/> Travel - In State	\$0.00
<input checked="" type="checkbox"/> Gang & Substance	\$500.00	<input type="checkbox"/> Travel - Out of State	\$0.00
<input type="checkbox"/> Witness Protection	\$0.00	<input type="checkbox"/> Other Operating	\$0.00
<input type="checkbox"/> Civil Remedies	\$0.00	<input type="checkbox"/> Equipment	\$0.00
<input type="checkbox"/> Personnel Services	\$0.00	<input type="checkbox"/> Construction	\$0.00
<input type="checkbox"/> Professional/Outside	\$0.00		

**B. Funding Source**

State                       Federal

**C. Agencies must submit supporting documentation with the Application for RICO Funds. Check all the supporting documents that apply:**

- A supplemental memorandum is attached and contains an explanation for each category.
- An itemized list of reimbursements or advances with an explanation for each category.
- A letter of request for funding from a community based program is attached and contains the information necessary to comply with applicable statutes.
- A detailed invoice or quote has been provided for all services, material, items, equipment or other property purchased or to be purchased.

**D. Payment Information**

Total Request:	\$500.00
Payee:	The Performing Arts Center Foundation, Inc, for the Veterans
Hold for/Deliver to:	Hold for Pinal County Sheriff's Office
Address:	

The undersigned, an agent appointed to request a transfer of funds from the agency's RICO account, certifies that: (1) the above information is true and accurate; (2) all funds transferred pursuant to this request will be used for those purposes stated in A.R.S. §§ 13-2314.03(E) and 13-4315(C); (3) all funds transferred pursuant to this request will be deposited, accounted for, and expended consistent with standard accounting requirements and practices employed under state or local law for recipients of federal, state, or local funds; (4) the services, materials, items, equipment or other property purchased or to be purchased by this agency, using funds from account or subaccount of the Pinal County Attorney's Anti-Racketeering Fund have been procured under the applicable state statutes and ordinances or policies of the local government making the request for the purchase or expenditure of funds. The undersigned agrees that the agency will report and/or provide additional supporting documentation on the actual use of these transferred funds upon request from the Pinal County Attorney's Office.

*Paul R. Babeu*

Signature

Paul Babeu, Sheriff

(Typed/Authorized Signer or Designee)

8-25-16

Date

**For Pinal County Attorney's Office Use Only**

Based upon a review of the above agent's certified request for a transfer of funds from the agency's RICO account, the requested transfer is approved for use in accordance with A.R.S. §§ 13-2314.03(E), 13-4315 (C), and federal law.

\_\_\_\_\_  
Pinal County Attorney or Designee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Date issued: \_\_\_\_\_



**First Annual Coolidge Veterans Day Celebration**  
**Hosted by: Military Honor Park/ Artisan Village of Coolidge**

Please join us in paying tribute to all Veterans, past and present, at the first annual Coolidge Veteran's Day Celebration on November 12, 2016. This honorable event will commence with an enthusiastic display of patriotism in a downtown parade that will start at 10am. Following the parade at 11:30am, there will be a special honor ceremony at the Military Honor Park on the grounds of the Artisan Village of Coolidge located at 351 N. Arizona Boulevard. The Ceremony will conclude at 12:00 noon and the community will be invited to remain for an afternoon of family fun including music, lunch, and other festivities at the Artisan Village.

The Military Honor Park/and Artisan Village of Coolidge are extending this personal invitation to you in hopes that you will support us in honoring our Veterans at this event. We are looking for sponsors to help make this special day possible & with your help we can make it a great day to remember!

Our target goal is \$2,500.0- \$3,500.00

All donation are tax deductible; The Artisan Village of Coolidge, LLC is a Division of the 501 C (3) Coolidge Performing Arts Center Foundation.

The Sponsorship opportunities are:

- **Medal of Honor \$251.00 - \$500.00**

- Logo in program,
- Special Recognition @ ceremony
- Logo on parade #
- Special Token

*Sponsor \$500.00*  
*Sheriff Paul Babeux*  
*Pinal County Sheriff's Office*

- **Purple Heart \$101.00 - \$250.00**

- Logo in program
- Special Recognition @ceremony

- **Navy Cross \$51.00 - \$100.00**

- Name on the program

- **Silver Star \$1.00 - \$50.00**

We welcome your donation and all donors will be acknowledge in a thank you ad in the local newspaper – *The Coolidge Examiner*

Please make checks payable to: The Performing Arts Center Foundation, Inc. for the Veterans Parade

Address; 351 N. Arizona Blvd., Coolidge, AZ 85128 Phone 520.723.3009

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Coolidge Performing Arts Center Foundation</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>990-501 (C) 3</b>	Exemptions (see instructions):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <b>351 N. Arizona Blvd., Suite 1</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Coolidge, Arizona 85128</b>		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="9">Social security number</td></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Social security number												-						
Social security number																				
			-																	
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="9">Employer identification number</td></tr> <tr><td>4</td><td>6</td><td>-</td><td>1</td><td>9</td><td>1</td><td>5</td><td>4</td><td>0</td><td>8</td></tr> </table>	Employer identification number									4	6	-	1	9	1	5	4	0	8
Employer identification number																				
4	6	-	1	9	1	5	4	0	8											

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	
Sign Here Signature of U.S. person ▶ <i>[Signature]</i>	Date ▶ <i>10/14/2015</i>

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.