



# Oregon Secretary of State – Audits Division

## Report in Lieu of Audit

<b>Fiscal year reported (MM/DD/YYYY):</b>	<input type="checkbox"/> Final report — municipality dissolved	<b>Municipal customer number*:</b>
First day*: 07/01/2017	Last day*: 06/30/2018	1325

**Name of municipality (use the official legal name)\*:**

Chiloquin Vector Control District

**Mailing address**  New or change of address

Street or P.O. box\*: PO Box 860

City*: Chiloquin	County*: Klamath	ZIP code*: 97624
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**Registered agent (ORS 198.340)**  New registered agent

<b>Name:</b>	<b>Address (street/city/state/ZIP code):</b>
Dennis Jefcoat - Chairman	PO Box 65, Chiloquin Or 97624

**Officers\***

Name:	Title:	Address (street/city/state/ZIP code):
Michael Cook	Vice Chairman	PO Box 437, Chiloquin, Or 97624
JB Brown	Treasurer	PO Box 180, Chiloquin, Or 97624
Richard Twamley	Board Member	PO Box 1252, Chiloquin Or 97624
Albert Wilder	Board Member	PO Box 422, Chiloquin, Or 97624

**Fidelity or faithful performance bond (ORS 297.435 (2)(c))**

Name of company\*: Special Districts Insurance of Oregon

Name of person(s) covered\*: ALL BOARD MEMBERS TO INCLUE CHAIRMAN DENNIS JEFCOAT

Amount of coverage (should equal or exceed total receipts/revenues [Part A total])\*: \$250,000

**Account balances**

Please list the balances, per your accounting records, as of the last day of the year reported:

Cash (from banks, credit unions, county/state investment pools, etc.):	\$135,585
Other assets (from land, buildings, equipment, vehicles, etc.):	\$10,000
Accounts payable (e.g., to rents, payroll, utilities):	\$0
Long-term debt (from bonds, loans, leases or other outstanding debt):	\$0

By checking this box\*, I hereby certify that the information contained in this report is true and correct to the best of my knowledge and belief. Sign (or type, if submitted electronically) the name of the publicly elected official responsible for the information described in this report.

<b>Elected official's signature:</b>	<b>Date (MM/DD/YYYY)*:</b>	<b>Title*:</b>
	08/22/2018	Chairman of the Board
<b>Elected official's printed name*:</b>		<b>Phone number*:</b>
Dennis N Jefcoat		(541) 274-0132

<b>Fiscal year reported (MM/DD/YYYY):</b>		<b>Municipal customer number*:</b>
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## Budgeted and actual transactions

Note: Budget columns are required if your organization is subject to the requirements of Local Budget Law (ORS 294).

<b>Part A:</b> Revenues/receipts	General operating fund		Fund: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$46,000	\$54,236	\$0	\$0			\$54,236
Charges for services	\$0	\$0	\$0	\$0			\$0
Assessments	\$0	\$0	\$0	\$0			\$0
Grants (state and federal)	\$0	\$860	\$0	\$0			\$860
Long-term debt proceeds	\$0	\$0	\$0	\$0			\$0
Other revenues	\$1,000	\$1,948	\$0	\$0			\$1,948
<b>Part A total:</b>							<b>\$57,044</b>

<b>Part B:</b> Expenditures/ disbursements	General operating fund		Fund: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$0	\$0	\$0	\$0			\$0
Material and services	\$46,000	\$47,280	\$100,000	\$0			\$47,280
Capital outlay	\$0	\$0	\$0	\$0			\$0
Debt service	\$0	\$0	\$0	\$0			\$0
Contingencies	\$2,000	\$0	\$0	\$0			\$0
Other expenditures	\$0	\$0	\$0	\$0			\$0
<b>Part B total*:</b>							<b>\$47,280</b>

### Part C: Transfers between funds

Transfer-in	\$0	\$0	\$0	\$0			\$0
Transfer-out	\$0	\$0	\$0	\$0			\$0

### Report summary

Enter total expenditures/disbursements (Part B total <sup>1</sup> )	\$47,280
Filing fee (see table, right)	\$20

### Filing fee (per ORS 297.285)

Total expenditures (Part B total <sup>1</sup> )	Filing fee
\$0-\$50,000	\$20
\$50,001-\$150,000	\$40

### Filing instructions

This report is due within 90 days from the end of your fiscal year. Save a copy for your records. Please submit the completed report and required filing fee to the following address or email:

#### Secretary of State — Business Services Division

255 Capitol Street NE, Suite 180  
Salem, OR 97310

[MunicipalFilings.SOS@oregon.gov](mailto:MunicipalFilings.SOS@oregon.gov)

\*This is a required field.

<sup>1</sup>If total expenditures/disbursements (Part B total, above) exceed \$150,000, the municipality must have an audit or review for this fiscal year (per ORS 297.435).