

## Oregon Secretary of State – Audits Division

Report in Lieu of Audit

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First day*: 07/01/2022	Last day*: 0	6/30/2023		13	325			
Name of municipality (use the	e official legal name	e)*:						
Chiloquin Vector Control Dis	strict							
Mailing address New or ch	nange of address							
Street or P.O. box*: PO Box 860		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
City*: Chiloquin		County*: Kla	amath		ZIP code*: 97624			
Registered agent (ORS 198.34	40) New register	ed agent						
Name: Address (street/city/state/ZIP code):								
Denis N Jefcoat	36924 Agenc	y Lake Loc	p Road, C	niloquii	n Or 97624			
Officers*								
Name: Diff. The Part of the Pa	hille har in t		Attinas Esti	elicityis	nocalition			
Dennis N Jefcoat	Chairman		PO Box 65	PO Box 65, Chiloquin Or 97624				
Tim McDermott	Vice Chairman		PO Box 151, Chiloquin Or 97624					
JB Brown	Treasurer		PO Box 18	D Box 180, Chiloquin Or 97624				
		1945 Tin	• 1,77	y struct				
Fidelity or faithful performan	nce bond (ORS 297	.435 (2)(c))						
Name of company*: Special Distr	ricts Insurance of C	Dregon						
Name of person(s) covered*: All Bo	oad of Trustee mer	mbers of th	e Chiloquir	Vecto	r Control District			
Amount of coverage (should equal of	r exceed total receipts/r	evenues [Part	A total])*: \$2	50,000				
Account balances	*							
Please list the balances, per your ac	counting records, as of	the last day of	the year repo	rted:				
Cash (from banks, credit union	s, county/state investme	ent pools, etc.)	\$136,66	33				
Other assets (from land, buildi	ngs, equipment, vehicle	es, etc.):	\$12,000	\$12,000				
Accounts payable (e.g., to rer	nts, payroll, utilities):		\$0					
Long-term debt (from bonds, I	oans, leases or other ou	utstanding deb	t): \$0					
By checking this box*, I hereby continuous knowledge and belief. Sign (or type the information described in this research.)	pe, if submitted electroni							
विवर्धकोतिसा <u> अ</u> लावण <i>ाः</i> इत		e di Parenini	(Leibagaga)	Tuati.				
D/m ( la 1	12	08/23/2	2023	Chair	man of the Board			

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Dennis N Jefcoat

Prone number

(541) 274-0132

agseatyearrepoteer(MMD))/c	MATERIAL PROPERTY OF THE PROPE	Municipal customer number
First day*: 07/01/2022	Last day*: 06/30/2023	1325

### **Budgeted and actual transactions**

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

	Generalloge	ajine kiline	Asund,		Fund		
Part A: Revenues/receipts	Budge	72(0101E)	Handedle	MAGUAL	denomie de	Actual	Totals (actual columns only)
Property taxes	\$53,000	影步樂館					8528119
Charges for services			,	Command by the command of the comman			\$0
Assessments		It is grandly as the property of the control of the		when the second of the second			\$0
Grants (state and federal)		The second secon					- 480
Long-term debt proceeds		######################################		The second secon			\$10
Other revenues	\$550	\$3,271					\$3,271
			State of the last of the same and a second	A STATE OF THE PARTY OF THE PAR	A Long and a succession of the long and the	Dart A totals	Sugar Sola

Part A total:

Part B: Expenditures/	General operating fund		itonija programa postali		ands a second		ોઇકીક (કલપરી ક	
disbursements	Budgel:	Actual	E)udget	Adual	anologi)	Actual	adellimikaeniy)	
Personal services				Any professional profession and the destruction is designed in degree of the contract to the c		The second secon		
Material and services	\$58,350	\$55,022				The second companion of the first of the companion of the compan	\$55,022	
Capital outlay		the controlled of the controll		Section 2000 https://doi.org/10.1000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.20000/10.200000/10.20000000000		The control of the co	\$0	
Debt service		An interest of the control of the co					\$0	
Contingencies	\$2,000			The second secon		parties of the partie	\$0	
Other expenditures							\$0	
TO THE STATE OF TH		PERSONAL PROPERTY AND ADDRESS OF THE PARTY AND	L	CAMPAGNAS. Mineria di esti di sedimentali, esti a per	1	Part B total*:	#\$\d\$\\(\mathrea{\pi}\)	

#### Part C: Transfers between funds

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rans(ercout	Committee of the commit	The state of the s	

#### Report summary

Enter total expenditures/disbursements (Part B total <sup>†</sup> )	56654929
Filing fee (see table, right)	197(10)

#### 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@sos.oregon.gov

#### Filing fee (per ORS 297.285)

Holdinox	piemelitu	0.46	(4:50)	all is	iling fee
\$0-\$50	000	the book of the bo		\$	20
\$50,001	-\$150,(	)00	A property of the second of th	\$	40

\*This is a required field.

†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).



# Oregon Secretary of State – Audits Division Report in Lieu of Audit

Fiscal year reported (MM/DD	Fiscal year reported (MM/DD/YYYY):		/ dissolved	Municipal customer number*:		
First day*: 07/01/2022 Last day*: 06/30/2023			1325			
Name of municipality (us	e the off	icial legal name)*:				
Chiloquin Vector Contro	ol Distric	t				
Mailing address New	or change	e of address				
Street or P.O. box*: PO Box	860	ħ.				
City*: Chiloquin		County*: K	amath	ZIP code*: 97624		
Registered agent (ORS 1	98.340)	New registered agent				
Name:		Address (street/city/state/ZII	code):			
Denis N Jefcoat		36924 Agency Lake Lo	op Road, Cl	niloquin Or 97624		
Officers*		*				
Name:	Title	o:	Address (stre	et/city/state/ZIP code):		
Dennis N Jefcoat	Ch	airman	PO Box 65	O Box 65, Chiloquin Or 97624		
Tim McDermott	Vic	ce Chairman	PO Box 15	O Box 151, Chiloquin Or 97624		
JB Brown	Tre	easurer	PO Box 18	O Box 180, Chiloquin Or 97624		
Fidelity or faithful perfo	rmance	bond (ORS 297.435 (2)(c)	)			
Name of company*: Special	Districts	Insurance of Oregon				
Name of person(s) covered*: A	All Boad	of Trustee members of t	he Chiloquin	Vector Control District		
Amount of coverage (should e	qual or exc	ceed total receipts/revenues [Pa	rt A total])*: \$25	50,000		
Account balances						
Please list the balances, per y	our accour	nting records, as of the last day	of the year repo	rted:		
Cash (from banks, credit	unions, co	ounty/state investment pools, etc	s.): \$136,66	63		
	huildingo	equipment, vehicles, etc.):	\$12,000	)		
Other assets (from land,	bullalings,	1 1 , , ,				
Other assets (from land, Accounts payable (e.g.,			\$0			

sy 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.

Elected official's signature:	Date (MM/DD/YYYY)*:	Title*:
Dalh lot	08/23/2023	Chairman of the Board
Elected official's printed name*:		Phone number*:
Dennis N Jefcoat		(541) 274-0132

Fiscal year reported (MM/DD/YYYY):		Municipal customer number*:
First day*: 07/01/2022	Last day*: 06/30/2023	1325

## **Budgeted and actual transactions**

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

Part A: Revenues/receipts	General operating fund		Fund:		Fund:		Totals (actual
	Budget	Actual	Budget	Actual	Budget	Actual	columns only)
Property taxes	\$53,000	\$52,319					\$52,319
Charges for services							\$0
Assessments							\$0
Grants (state and federal)							\$0
Long-term debt proceeds							\$0
Other revenues	\$550	\$3,271					\$3,271
	•					Part A total:	\$55,590

Part B: Expenditures/ disbursements	General operating fund		Fund:		Fund:		Tatala ta da al
	Budget	Actual	Budget	Actual	Budget	Actual	Totals (actual columns only)
Personal services							\$0
Material and services	\$58,350	\$55,022					\$55,022
Capital outlay							\$0
Debt service							\$0
Contingencies	\$2,000						\$0
Other expenditures							\$0
						Part B total*	\$55,022

#### Part C: Transfers between funds

Transfer-in		
Transfer-out		

### Report summary

Enter total expenditures/disbursements (Part B total†)	\$55,022
Filing fee (see table, right)	\$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@sos.oregon.gov

## Filing fee (per ORS 297.285)

Total expenditures (Part B total†)	Filing fee
\$0-\$50,000	\$20
\$50,001-\$150,000	\$40

<sup>\*</sup>This is a required field.

†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).