

## Oregon Secretary of State – Audits Division

Report in Lieu of Audit

Keportu		Jieu oi A	<b>X</b> uun	l	13	25-	2022	190
Fiscal year reported (MM/DD)YAYY	Y):	I Binal report	-municipalit	y dissolved	N	lunicipal	customer n	umber*:
First day*: 07/01/2021		Last day*: 06	6/30/2022		1	325		
Name of municipality (use th	ie offi	icial legal name	)* <b>:</b>					
Chiloquin Vector Control Di	istric	ţ					· · · · · · · · · · · · · · · · · · ·	
Mailing address  New or c	hange	of address						
Street or P.O. box*: PO Box 860								
City*: Chiloquin			County*: KI	amath		ZIP code	e*:97624	
Registered agent (ORS 198.3	40)	☐ New registere						<del></del>
Name:		Address (street/c		² code):			dragovej – c	So Carry as experiency are an experiency
Dennis N Jefcoat		36924 Agency	/ Lake Lo	op Road, C	hiloqui	n Or 970	624	
Officers*							<del></del>	
Name:	Title			Address (sti	reet/city/	state/ZIP (	code):	
Dennis N Jefcoat	Cha	airman		PO Box 6	65, Chiloquin Or 97624			
Tim McDermott	Vic	e Chairman		PO Box 1	51 Chiloquin Or, 97624			
JB Brown	Tre	asurer		PO Box 1	80, Chi	30, Chiloquin Or 97624		
						,		
Fidelity or faithful performan	nce b	ond (ORS 297.	435 (2)(c))					
Name of company*: Special Distr	ricts	Insurance of or	egon			. <u> </u>		
Name of person(s) covered*: All bo	oard	members of the	e Chiloqui	n Vector C	ontrol [	District		<del> </del>
Amount of coverage (should equal o	r exce	ed total receipts/re	venues [Parl	A total])*: \$2	50,000			
Account balances				(				
Please list the balances, per your ac	counti	ng records, as of th	e last day of	the year repo	orted:			
Cash (from banks, credit union	s, cou	nty/state investmen	nt pools, etc.)	): \$128,1	90			
Other assets (from land, buildi	ngs, e	quipment, vehicles,	, etc.):	\$13,00	0	-	<del></del>	
Accounts payable (e.g., to ren	ıts, pa	yroll, utilities):				*	<del></del>	
Long-term debt (from bonds, l	oans,	leases or other out:	standing deb	it):			70.0	
By checking this box*, I hereby ce knowledge and belief. Sign (or type the information described in this research.)	pe, if s	nat the information of ubmitted electronic	contained in ally) the nam	this report is t	rue and c cly electe	orrect to the	he best of mesponsible f	iy Or
Elected official's signature:	Z]		Date (MN	M/DD/YYYYY)*	Title*:			
In M.	Ł	7	08/24/2	2022	Chairr	nan of t	he Board	
Hecled officials printed name";					Phone r	number*:		Control of the contro
Dennis N Jefcoat					(5/4)	274 042	20	

Fiscal year reported (MM/DD/Y	YY);	Municipal customer number*;	
First day*: 07/01/2021	Last day*: 06/30/2022	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:	General operating fund		Fund:		Fundament en en en en en en en		Articles and	
Revenues/receipts	Budget	Actual	Budget	Actual	Budget	Actual	Totals (actual columns only)	
Property taxes	\$51,600	\$56,201		The state of the s			\$56,201	
Charges for services				Experience designation of the control of the contro			\$0	
Assessments							\$0	
Grants (state and federal)							<b>\$</b> 0	
Long-term debt proceeds		The state of the s		The state of the s			\$0	
Other revenues	\$7,200	\$921					\$921	
			<u></u>	Reams also beginning an appropriate College and as particular		Part A total:	\$57 122	

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E	хp	en	dit	ur	е
.13					

Expenditures/	General ope	rating fund	Fund:		Fund:		
disbursements	Budget	Actual	Budget	Actual	Büdget	Actual	Totals (actual columns only)
Personal services		STATE OF THE PROPERTY OF THE P		The second secon		Control of the Contro	
Material and services	\$57,750	\$50,433		The second secon			\$50,433
Capital outlay							
Debt service \$		proper service of \$1.000 to the service of the serv		and the property of the proper	<del></del>		<b>\$</b> 0
Contingencies	\$2,000	\$0		The second secon			\$0
Other expenditures						End over the bound of the control of	\$0
Part C: Transfers bety	ween funde	130 - 3 San Andrews and Andrews Committee Comm	· · · · · · · · · · · · · · · · · · ·	EXTENSION AND ADMINISTRATION AND		Part B total*:	

## Part C: Transfers between funds

Transfer-in Transfer-out	The part of the part of the control of the part of the	If it is the second of the sec	
		Control of the Contro	Section   Control   Cont

Report summary

Enter total expenditures/disbursements (Part B total*)	\$50,433
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@oregon.gov

Filing fee (per ORS 297.285)

Total expenditures (Part B total!)	
\$0-\$50,000	
\$50,001-\$150,000	

<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).