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AUG 12 2014

Report to Secretary of State
Required Information

Municipal Customer #

1325

14

7/31/14

Fiscal Year Reported:
SECRETARY OF STATE
DIVISION OF AUDITS

First Day July 1, 2013

Last Day June 30, 2014

1. Chiloquin Vector Control District of Klamath County Oregon
Name of government (use the official legal name)

2. Mailing Address (Street or PO Box) PO Box 860
City Chiloquin County Klamath Zip Code 97624

REGISTERED AGENT (ORS 198.340)

3. Name Dennis Title Jefcoat Address PO Box 65, Chiloquin, Or 97624 -0065

OFFICERS

4. Name Chris Friskey Title Vice Chairman Address 34235 Glen Drive, Chiloquin, Or 97624
Name J.B. Brown Title Treasurer Address PO Box 180, Chiloquin, Or, 97624 - 0180
Name Albert Wilder Title Trustee - Board member Address PO Box 422, Chiloquin, Or, 97624 - 0422
Name [] Title [] Address []

Fidelity or Faithful Performance Bond (ORS 297.435 (2)(c))

5. Name of Company Great Basin Insurance, 826 Main Street, Klamath Falls, Or 97601

6. Name of Person Covered Dennis Jefcoat Amount (should equal or exceed total money received) \$50,000.00

7. Please list the balances, per your accounting records, as of the last day of the year reported:
a) Cash (banks, credit unions, county/state investment pools, etc.) \$ 100,472.45
b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ 6,000.00
c) Accounts payable (e.g. rents, payroll, utilities) \$ 0
d) Long-Term Debt (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 who is responsible for the information described in this report.

8. Signature of elected official [Signature of Dennis Jefcoat]

9. Telephone No. 541 274 0132 Title Chairman of the Board of Trustees

Chiloquin Vector Control District of Klamath County Oregon

Name of government (use the official legal name)

Fiscal Year Reported:

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Budgeted and Actual Transactions

	General Fund		Equipment Reserve Fund		Fund		Total Actual
	Budget	Actual	Budget	Actual	Budget	Actual	
A. Revenue/Receipts							
Property taxes	\$ 38,346	\$ 41,545	\$	\$	\$	\$	\$ 41,545
Charges for services							
Assessments							
Grants (state and federal)							
Long-Term Debt Proceeds							
Other	0	875	0	56			931
Total (A)	\$ 38,346	\$ 42,420	\$ 0	\$ 56	\$	\$	\$ 42,476
B. Payments/Disbursements							
Personal Services	\$	\$	\$	\$	\$	\$	\$
Material and Services	38,346	33,982	50,650	0			33,982
Capital Outlay	7,500	5,789					5,789
Debt Service							
Contingencies	2,000	0					0
Other Payments	65,650	0					0
Total (B)	\$ 113,496	\$ 39,771	\$ 50,650	\$ 0	\$	\$	\$ 39,771
C. Transfers Between Funds	\$ 50,650	\$ 50,650	\$ 50,650	\$ 0	\$	\$	\$ 50,650

Enter Total Payments/Disbursements (Part B above) 39,771

If Total Payments/Disbursement (B) exceed \$150,000, the municipality must have an audit or review for this fiscal year (ORS 297.435).

FILING INSTRUCTIONS

This report is due within 90 days from the end of your fiscal year reported.
Please submit the completed report and required filing fee to the following address/email:

Secretary of State - Business Services Division municipalfilings@sos.state.or.us
255 Capitol Street NE, Suite 180
Salem, Oregon 97310

FILING FEE (ORS 297.485)		
Expenditures (Item B)	Filing Fee	
Over	Not Over	
\$0	\$50,000	\$20.00
\$50,000	\$150,000	\$40.00