

Report to Secretary of State
Required Information

Municipal Customer #

1325

Fiscal Year Reported:

First Day JULY 1, 2014

Last Day JUNE 30, 2015

FY 2015

1. CHILOQUIN VECTOR CONTROL DISTRICT

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 - 0860

REGISTERED AGENT (ORS 198.340)

3. Name Dennis Jefcoat Title Chairman of the Board Address 36924 Agency Lake Loop Road, Chiloquin , Or 97623

OFFICERS

4. Name Chris Frisky Title Vice President Address 34325 Glen Dr, Chiloquin Or 97624

Name JB Brown Title Treasurer Address PO Box 180, Chiloquin Or 97624

Name Albert Wilder Title Board member Address PO Box 422, Chiloquin Or 97624

Name Richard Twamley Title Board Member Address PO Box 1252, Chiloquin Or 97624

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

5. Name of Company CNA Surety PO Box 802876 Chicago, IL, 60680 Bond Number 71393206

6. Name of Person Covered Dennis Jefcoat Amount (should equal or exceed total money received) \$50,000

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.) \$ 86,338

b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ 6,000

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.

Signature of elected official

9. Telephone No. 541 274 0132

Title Chairman of the Board of Trustees

CHILOQUIN VECTOR CONTROL DISTRICT # 1325

Name of government (use the official legal name)

Fiscal Year Reported:

First Day July 1, 2014

Last Day June 30, 2015

Budgeted and Actual Transactions

	General Fund		Equipment-West Nile Fund		Fund		Total Actual
	Budget	Actual	Budget	Actual	Budget	Actual	
A. Revenue/Receipts							
Property taxes	\$ 41,000	\$ 43,258	\$	\$	\$	\$	\$ 43,258
Charges for services							
Assessments							
Grants (state and federal)							
Long-Term Debt Proceeds							
Other	7,100	4,735	300	255			4,990
Total (A)	\$ 48,100	\$ 47,993	\$ 300	\$ 255	\$	\$	\$ 48,248
B. Payments/Disbursements							
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$	\$ 0
Material and Services	46,790	39,243	48,000	48,000			87,243
Capital Outlay							
Debt Service							
Contingencies	2,000	2,000	2,950	6,750			8,750
Other Payments			120	120			120
Total (B)	\$ 48,790	\$ 41,243	\$ 51,070	\$ 54,870	\$	\$	\$ 96,113
C. Transfers Between Funds	\$ -3,800	\$ -3,800	\$ 3,800	\$ 3,800	\$	\$	\$ 0

Enter Total Payments/Disbursements (Part B above) \$96,113

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