



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

1325-2020

Fiscal year reported (MM/DD/YYYY):	<input type="checkbox"/> Final report — municipality dissolved	Municipal customer number*:
First day*: 07/01/2019	Last day*: 06/30/2020	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

Name:	Address (street/city/state/ZIP code):
Dennis N Jefcoat - Chairman	PO BCX 65, Chiloquin, Or 97624

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
JB Brown	Treasurer	PO BOX 180 Chiloquin Or 97624
Tim McDermott	Vice Chairman	PO BOX 151 Chiloquin, Or 97624
Laura M Kihlman	Board Member	PO Box 151 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 CVCD Board members & Chairman

Amount of coverage (should equal or exceed total receipts/revenues [Part A total])*: 250,000.00

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.):	119,477.22
Other assets (from land, buildings, equipment, vehicles, etc.):	9,000
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.

Elected official's signature:	Date (MM/DD/YYYY)*:	Title*:
	07/16/2020	Chairman
Elected official's printed name*:	Phone number*:	
Dennis N Jefcoat	541 783 3307	

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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).

Part A: Revenues/receipts	General operating fund		Fund: Reserve Fund		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	49938	48127	0	0			48127
Charges for services	0	0	0	0			0
Assessments	0	0	0	0			0
Grants (state and federal)	0	0	0	0			0
Long-term debt proceeds	0	0	0	0			0
Other revenues	3050	3088	0	0			3088
Part A total:							51215

Part B: Expenditures/ disbursements	General operating fund		Fund: Reserve Fund		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	0	0	0	0			0
Material and services	50,450	49936	0	0			49936
Capital outlay	0	0	0	0			0
Debt service	0	0	0	0			0
Contingencies	2000	0	0	0			0
Other expenditures	0	0	0	0			0
Part B total*:							49936

Part C: Transfers between funds

Transfer-in							
Transfer-out							

Report summary

Enter total expenditures/disbursements (Part B total ¹)	49936
Filing fee (see table, right)	20.00

Filing fee (per ORS 297.285)

Total expenditures (Part B total ¹)	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

*This is a required field.

¹If 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).