

Report to Secretary of State  
Required Information

Municipal Customer #

902

Fiscal Year Reported:

First Day July 01, 2016

Last Day June 30, 2017

1. Cloverdale Sanitary District

Name of government (use the official legal name)

2. Mailing Address (Street or PO Box) PO Box 157

City Cloverdale

County Tillamook

Zip Code 97112

REGISTERED AGENT (ORS 198.340)

3. Name Heidi Title Reid Address PO Box 157 Cloverdale, OR 97112

OFFICERS

4. Name Kenneth L. Bailey Title Chairman Address PO Box 164 Cloverdale, OR 97112

Name Willard Anderson Title Secretary Address PO Box 36 Cloverdale, OR 97112

Name Dan Pengelly Title Member Address PO Box 250 Cloverdale, OR 97112

Name Title Address

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

5. Name of Company Wilson-Heirgood Associates Insured by the Travelers Casualty and Surety Company of America

6. Name of Person Covered Heidi Reid Amount (should equal or exceed total money received) 100,000

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.) \$ 72,183.10

b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ 1,236,114.00

c) Accounts payable (e.g. rents, payroll, utilities) \$ 2,094.02

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

9. Telephone No. 503-392-3117

Title Chariman/Board of Directors

Cloverdale Sanitary District

Name of government (use the official legal name)

Fiscal Year Reported:

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**Budgeted and Actual Transactions**

|                                   | General Fund |           | Capital Improvement Fund |              | Fund   |        | Total        |
|-----------------------------------|--------------|-----------|--------------------------|--------------|--------|--------|--------------|
|                                   | Budget       | Actual    | Budget                   | Actual       | Budget | Actual |              |
| <b>A. Revenue/Receipts</b>        |              |           |                          |              |        |        |              |
| Property taxes                    | \$ 0         | \$ 0      | \$ 2,535                 | \$ 2,596     | \$     | \$     | \$ 2,596     |
| Charges for services              | 72,408       |           | 0                        | 0            |        |        | 0            |
| Assessments                       | 0            |           | 0                        | 0            |        |        | 0            |
| Grants (state and federal)        | 0            |           | 0                        | 0            |        |        | 0            |
| Long-Term Debt Proceeds           | 0            |           | 0                        | 0            |        |        | 0            |
| Other                             | 2,540        |           | 0                        | 0            |        |        | 0            |
| <b>Total (A)</b>                  | \$ 74,948    | \$ 0      | \$ 2,535                 | \$ 2,596     | \$     | \$     | \$ 2,596     |
| <b>B. Payments/Disbursements</b>  |              |           |                          |              |        |        |              |
| Personal Services                 | \$ 42,460    | \$ 41,672 | \$ 0                     | \$ 0         | \$     | \$     | \$ 41,672    |
| Material and Services             | 32,544       | 33,228    | 0                        | 0            |        |        | 33,228       |
| Capital Outlay                    | 0            | 0         | 60,966                   | 10,914.5     |        |        | 10,914.5     |
| Debt Service                      | 0            | 0         | 0                        | 0            |        |        | 0            |
| Contingencies                     | 4,000        | 4,000     | 5,489                    | 5,551.23     |        |        | 9,551.23     |
| Other Payments                    | 0            | 0         | 0                        | 0            |        |        | 0            |
| <b>Total (B)</b>                  | \$ 79,004    | \$ 78,900 | \$ 66,455                | \$ 16,465.73 | \$     | \$     | \$ 95,365.73 |
| <b>C. Transfers Between Funds</b> | \$ -4,000    | \$ -9,000 | \$ 4,000                 | \$ 9,000     | \$     | \$     | \$ 0         |

Enter Total Payments/Disbursements (Part B above)

**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](mailto: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    |