

Report to Secretary of State  
Required Information

Municipal Customer #

902

Fiscal Year Reported:

First Day July 01, 2017

Last Day June 30, 2018

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 Willard Anderson Title Chairman Address PO Box 36 Cloverdale, OR 97112  
Name Jon Warren Title Secretary Address PO Box 25 Cloverdale, OR 97112  
Name Kenneth L. Bailey Title Member Address PO Box 164 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.) \$ 94,875  
b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ 1,236,114  
c) Accounts payable (e.g. rents, payroll, utilities) \$ 2,043  
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 Kenneth L. Bailey  
9. Telephone No. 503-392-3117 Title Co-Chairman/Board of Directors

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Cloverdale Sanitary District

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**Budgeted and Actual Transactions**

	General Fund		Capital Improvement Fund		Fund		Total Actual
	Budget	Actual	Budget	Actual	Budget	Actual	
<b>A. Revenue/Receipts</b>							
Property taxes	\$ 0	\$ 0	\$ 2,500	\$ 2,497	\$	\$	\$ 2,497
Charges for services	75,960	86,669	0	6,000			92,669
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	25	384	140	205			589
<b>Total (A)</b>	\$ 75,985	\$ 87,053	\$ 2,640	\$ 8,702	\$	\$	\$ 95,755
<b>B. Payments/Disbursements</b>							
Personal Services	\$ 43,510	\$ 43,304	\$ 0	\$ 0	\$	\$	\$ 43,304
Material and Services	33,376	32,201	0	0			32,201
Capital Outlay	0	0	65,413	0			0
Debt Service	0	0	0	0			0
Contingencies	4,000	0	5,489	0			0
Other Payments	0	0	0	0			0
<b>Total (B)</b>	\$ 80,886	\$ 75,505	\$ 70,902	\$ 0	\$	\$	\$ 75,505
<b>C. Transfers Between Funds</b>	\$ -4,000	\$ -9,000	\$ 4,000	\$ 9,000	\$	\$	\$ 0

Enter Total Payments/Disbursements (Part B above) \$ 75,505

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 \$0	Not Over \$50,000      \$20.00
\$50,000	\$150,000      \$40.00