



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

| | |
|--|------------------------------------|
| 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 |
| 000902 | |

Name of municipality (use the official legal name)*:

| |
|------------------------------|
| Cloverdale Sanitary District |
|------------------------------|

Mailing address New or change of address

| | | |
|---------------------------------|--------------------|------------------|
| Street or P.O. box*: PO Box 157 | | |
| City*: Cloverdale | County*: Tillamook | ZIP code*: 97112 |

Registered agent (ORS 198.340) New registered agent

| | |
|--------------|--|
| Name: | Address (street/city/state/ZIP code): |
| Heidi Reid | PO Box 157 Cloverdale, OR 97112 |

Officers*

| Name: | Title: | Address (street/city/state/ZIP code): |
|------------------|-----------------|---------------------------------------|
| Ken Bailey | Board Chair | PO Box 164 Cloverdale, OR 97112 |
| Jon Warren | Board Member | PO Box 25 Cloverdale, OR 97112 |
| Dan Pengelly | Board Member | PO Box 250 Cloverdale, OR 97112 |
| Lawrence Sanders | Board Secretary | PO Box 303 Cloverdale, OR 97112 |

Fidelity or faithful performance bond (ORS 297.435 (2)(c))

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|--|
| Name of company*: WHA Insurance |
| Name of person(s) covered*: Heidi Reid |
| Amount of coverage (should equal or exceed total receipts/revenues [Part A total]*): \$200,000 |

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.): | \$136,672 |
| Other assets (from land, buildings, equipment, vehicles, etc.): | \$1,236,114 |
| Accounts payable (e.g., to rents, payroll, utilities): | \$1,293 |
| 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*: |
| Kenneth Bailey | 07/09/2020 | Board Chairman |
| Elected official's printed name*: | | Phone number*: |
| Kenneth Bailey | | (503) 392-3117 |

| | |
|---|------------------------------------|
| Fiscal year reported (MM/DD/YYYY): | Municipal customer number*: |
| First day*: 07/01/2019 Last day*: 06/30/2020 | 000902 |

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: Capital Improvement | | Fund: | | Totals (actual columns only) |
|-------------------------------------|------------------------|----------|---------------------------|----------|--------|--------|------------------------------|
| | Budget | Actual | Budget | Actual | Budget | Actual | |
| Property taxes | \$0 | \$0 | \$2,750 | \$2,736 | | | \$2,736 |
| Charges for services | \$86,085 | \$90,469 | \$0 | \$12,000 | | | \$102,469 |
| 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 | \$375 | \$432 | \$200 | \$596 | | | \$1,028 |
| Part A total: | | | | | | | \$106,233 |

| Part B: Expenditures/disbursements | General operating fund | | Fund: Capital Improvement | | Fund: | | Totals (actual columns only) |
|--|------------------------|----------|---------------------------|---------|--------|--------|------------------------------|
| | Budget | Actual | Budget | Actual | Budget | Actual | |
| Personal services | \$45,375 | \$43,336 | \$0 | \$0 | | | \$43,336 |
| Material and services | \$51,085 | \$41,998 | \$0 | \$0 | | | \$41,998 |
| Capital outlay | \$0 | \$0 | \$100,400 | \$1,359 | | | \$1,359 |
| Debt service | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| Contingencies | \$0 | \$0 | \$5,550 | \$0 | | | \$0 |
| Other expenditures | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| Part B total*: | | | | | | | \$86,693 |

Part C: Transfers between funds

| | | | | | | | |
|--------------|----------|----------|----------|----------|--|--|----------|
| Transfer-in | \$ 0 | \$ 0 | \$ 8,000 | \$ 8,000 | | | \$ 8,000 |
| Transfer-out | \$ 8,000 | \$ 8,000 | \$ 0 | \$ 0 | | | \$ 8,000 |

Report summary

| | |
|---|----------|
| Enter total expenditures/disbursements (Part B total [†]) | \$86,693 |
| Filing fee (see table, right) | \$40 |

Filing fee (per ORS 297.285)

| Total expenditures (Part B total [†]) | 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.

[†]If 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).