

Report to Secretary of State
Required Information

Municipal Customer #

000534MUNI

Fiscal Year Reported:

First Day July 1, 2017

Last Day June 30, 2018

1. Cloverdale Water District

Name of government (use the official legal name)

2. Mailing Address (Street or PO Box) PO Box 166

City Cloverdale

County Tillamook

Zip Code 97112

REGISTERED AGENT (ORS 198.340)

3. Name Heidi Reid Title Finance Clerk Address 50520 Proposal Rock Loop Neskowin, OR 97149

OFFICERS

4. Name Rose Wharton Title Secretary Address PO Box 166 Cloverdale, OR 97112

Name Crissa Alexander Title Board Member Address PO Box 166 Cloverdale, OR 97112

Name Laura Hurliman Title Board Member Address PO Box 166 Cloverdale, OR 97112

Name Title Address

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

5. Name of Company WHA - 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.) \$ 162,856

b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ 461,755

c) Accounts payable (e.g. rents, payroll, utilities) \$ 1,844

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. 503-392-3515

Title Secretary, Board Member

JUL 13 '18 8:39

Cloverdale Water District

Name of government (use the official legal name)

Fiscal Year Reported:

First Day July 1, 2017

Last Day June 30, 2018

Budgeted and Actual Transactions

	General Fund		Capital Improvement Fund		Fund		Total Actual
	Budget	Actual	Budget	Actual	Budget	Actual	
A. Revenue/Receipts							
Property taxes	\$ 19,500	\$ 21,111	\$ 0	\$ 0	\$	\$	\$ 21,111
Charges for services	46,350	49,165	0	0			49,165
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	15	255	650	1,897			2,152
Total (A)	\$ 65,865	\$ 70,531	\$ 650	\$ 1,897	\$	\$	\$ 72,428
B. Payments/Disbursements							
Personal Services	\$ 39,252	\$ 21,851	\$ 0	\$ 0	\$	\$	\$ 21,851
Material and Services	23,613	23,833	0	0			23,833
Capital Outlay	0	0	40,120	0			0
Debt Service	0	0	0	0			0
Contingencies	7,500	0	64,730	0			0
Other Payments			0	0			0
Total (B)	\$ 70,365	\$ 45,684	\$ 104,850	\$ 0	\$	\$	\$ 45,684
C. Transfers Between Funds	\$ -10,000	\$ -10,000	\$ 10,000	\$ 10,000	\$	\$	\$ 0

Enter Total Payments/Disbursements (Part B above) \$ 45,684

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