



# Oregon Secretary of State – Audits Division

## Report in Lieu of Audit

534 - 2019

<b>Fiscal year reported (MM/DD/YYYY):</b> <input type="checkbox"/> Final report — municipality dissolved	<b>Municipal customer number*:</b>
First day*: 07/01/2018	Last day*: 06/30/2019
000534	

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

Cloverdale Water District

**Mailing address**  New or change of address

Street or P.O. box\*: PO Box 166

City*: Cloverdale	County*: Tillamook	ZIP code*: 97112
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**Registered agent (ORS 198.340)**  New registered agent

<b>Name:</b>	<b>Address (street/city/state/ZIP code):</b>
Heidi Reid	50520 Proposal Rock Loop Neskowin, OR 97149

**Officers\***

Name:	Title:	Address (street/city/state/ZIP code):
Leroy Shepherd	Chairman	PO Box 166 Cloverdale, OR 97112
Laura Hurliman	Secretary	PO Box 166 Cloverdale, OR 97112
Criss Alexander	Board Member	PO Box 166 Cloverdale, OR 97122

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

Name of company\*: WHA - Insured by the Travelers Casualty and Surety Company of America

Name of person(s) covered\*: Heidi Reid

Amount of coverage (should equal or exceed total receipts/revenues [Part A total]): \$100,000

**Account balances**

Please list the balances, per your accounting records, as of the last day of the year reported:

<b>Cash</b> (from banks, credit unions, county/state investment pools, etc.):	\$196,461
<b>Other assets</b> (from land, buildings, equipment, vehicles, etc.):	\$461,755
<b>Accounts payable</b> (e.g., to rents, payroll, utilities):	\$0
<b>Long-term debt</b> (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.

<b>Elected official's signature:</b>	<b>Date (MM/DD/YYYY)*:</b>	<b>Title*:</b>
<i>Leroy O Shepherd</i>	08/12/2019	Chairman
<b>Elected official's printed name*:</b>		<b>Phone number*:</b>
Leroy O. Shepherd		(503) 392-3515

<b>Fiscal year reported (MM/DD/YYYY):</b>	<b>Municipal customer number*:</b>
First day*: 07/01/2018      Last day*: 06/30/2019	000534

## Budgeted and actual transactions

Note: Budget columns are required if your organization is subject to the requirements of Local Budget Law (ORS 294).

<b>Part A:</b> Revenues/receipts	General operating fund		Fund: Capital Improvement		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$21,400	\$22,569	\$0	\$0			\$22,569
Charges for services	\$47,000	\$54,287	\$0	\$7,600			\$61,887
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	\$362	\$461	\$1,120	\$3,327			\$3,788
<b>Part A total:</b>							<b>\$88,244</b>

<b>Part B:</b> Expenditures/disbursements	General operating fund		Fund: Capital Improvement		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$52,802	\$23,937	\$0	\$0			\$23,937
Material and services	\$28,660	\$31,427	\$0	\$0			\$31,427
Capital outlay	\$0	\$0	\$65,000	\$0			\$0
Debt service	\$0	\$0	\$0	\$0			\$0
Contingencies	\$7,300	\$0	\$66,526	\$0			\$0
Other expenditures	\$0	\$0	\$150	\$0			\$0
<b>Part B total*:</b>							<b>\$55,364</b>

### Part C: Transfers between funds

Transfer-in	\$ 0	\$ 0	\$ 15,000	\$ 15,000			\$ 15,000
Transfer-out	\$ 15,000	\$ 15,000	\$ 0	\$ 0			\$ 15,000

### Report summary

Enter total expenditures/disbursements (Part B total <sup>†</sup> )	\$55,364
Filing fee (see table, right)	\$40

### Filing fee (per ORS 297.285)

Total expenditures (Part B total <sup>†</sup> )	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](mailto:MunicipalFilings.SOS@oregon.gov)

\*This is a required field.

<sup>†</sup>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).