



# Oregon Secretary of State – Audits Division

## Report in Lieu of Audit

534-2021

|                                    |  |                             |
|------------------------------------|--|-----------------------------|
| Fiscal year reported (MM/DD/YYYY): | <input type="checkbox"/> Final report — municipality dissolved | Municipal customer number*: |
| First day*: 07/01/2020             | Last day*: 06/30/2021  | 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 |
|-------------------|--------------------|------------------|

**Registered agent (ORS 198.340)**  New registered agent

|            |                                       |
|------------|---------------------------------------|
| Name:      | Address (street/city/state/ZIP code): |
| Heidi Reid | 700 H Ave. La Grande, OR 97850        |

**Officers\***

| Name:            | Title:   | Address (street/city/state/ZIP code): |
|------------------|----------|---------------------------------------|
| Leroy Shepherd   | Chairman | PO Box 251 Cloverdale, OR 97112       |
| Crissa Alexandar | Member   | PO Box 1032 Pacific City, OR 97135    |
| Jon Warren       | Member   | PO Box 25 Cloverdale, OR 97112        |
| Maile Samek      | Member   | PO Box 274 Cloverdale, OR 97112       |

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

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.): | \$243,411 |
| Other assets (from land, buildings, equipment, vehicles, etc.):        | \$461,755 |
| Accounts payable (e.g., to rents, payroll, utilities):                 | \$0       |
| 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*:      |
|                                   | 07/12/2021          | Board Member |
| Elected official's printed name*: | Phone number*:      |              |
| Crissa Alexandar                  | (503) 392-3515      |              |

|   |                                    |
|---|------------------------------------|
| <b>Fiscal year reported (MM/DD/YYYY):</b>         | <b>Municipal customer number*:</b> |
| First day*: 07/01/2020      Last day*: 06/30/2021 | 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><br>Revenues/receipts | General operating fund |          | Fund: Capital Improvement |         | Fund:  |        | Totals (actual columns only) |
|-------------------------------------|------------------------|----------|---------------------------|---------|--------|--------|------------------------------|
|                                     | Budget                 | Actual   | Budget                    | Actual  | Budget | Actual |                              |
| Property taxes                      | \$21,840               | \$23,830 | \$0                       | \$0     |        |        | \$23,830                     |
| Charges for services                | \$51,250               | \$54,144 | \$0                       | \$0     |        |        | \$54,144                     |
| 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                      | \$135                  | \$133    | \$3,500                   | \$1,402 |        |        | \$1,535                      |
| <b>Part A total:</b>                |                        |          |                           |         |        |        | <b>\$79,509</b>              |

| <b>Part B:</b><br>Expenditures/disbursements | General operating fund |          | Fund: Capital Improvement |        | Fund:  |        | Totals (actual columns only) |
|--|------------------------|----------|---------------------------|--------|--------|--------|------------------------------|
|  | Budget                 | Actual   | Budget                    | Actual | Budget | Actual |                              |
| Personal services                            | \$65,350               | \$33,717 | \$0                       | \$0    |        |        | \$33,717                     |
| Material and services                        | \$63,575               | \$32,101 | \$0                       | \$0    |        |        | \$32,101                     |
| Capital outlay                               | \$0                    | \$0      | \$170,400                 | \$0    |        |        | \$0                          |
| Debt service                                 | \$0                    | \$0      | \$0                       | \$0    |        |        | \$0                          |
| Contingencies                                | \$8,000                | \$0      | \$0                       | \$0    |        |        | \$0                          |
| Other expenditures                           | \$0                    | \$0      | \$0                       | \$0    |        |        | \$0                          |
| <b>Part B total*:</b>                        |                        |          |                           |        |        |        | <b>\$65,818</b>              |

### Part C: Transfers between funds

|              |          |          |          |          |  |  |          |
|--------------|----------|----------|----------|----------|--|--|----------|
| Transfer-in  | \$0      | \$0      | \$10,000 | \$10,000 |  |  | \$10,000 |
| Transfer-out | \$10,000 | \$10,000 | \$0      | \$0      |  |  | \$10,000 |

### Report summary

|   |          |
|---|----------|
| Enter total expenditures/disbursements (Part B total <sup>†</sup> ) | \$65,818 |
| 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).