

Report to Secretary of State  
Required Information

Municipal Customer #

000534MUNI

Fiscal Year Reported:

First Day 7/1/2016

Last Day 6/30/2017

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/Treasure 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 Maile Samek Title Board Member Address PO Box 166 Cloverdale, OR 97112

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

5. Name of Company SDIS - The Travelers Casualty and Surety Company of America

6. Name of Person Covered Heidi Reid Amount (should equal or exceed total money received) \$75,000.00

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.) \$ 136,087.00

b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ N/A

c) Accounts payable (e.g. rents, payroll, utilities) \$ 2,808.40

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 Board Secretary/Treasurer

Cloverdale Water District

Name of government (use the official legal name)

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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	\$ 19,692	\$ 20,556	\$ 0	\$ 0	\$	\$	\$ 20,556
Charges for services	46,000	47,390	0	0			47,390
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	150	401	1,000	1,042			1,443
<b>Total (A)</b>	\$ 65,842	\$ 68,347	\$ 1,000	\$ 1,042	\$	\$	\$ 69,389
<b>B. Payments/Disbursements</b>							
Personal Services	\$ 46,455	\$ 34,094	\$ 0	\$ 0	\$	\$	\$ 34,094
Material and Services	21,900	17,905	0	0			17,905
Capital Outlay	0	0	40,000	599			599
Debt Service	0	0	0	0			0
Contingencies	3,487	0	0	0			0
Other Payments	0	0	0	0			0
<b>Total (B)</b>	\$ 71,842	\$ 51,999	\$ 40,000	\$ 599	\$	\$	\$ 52,598
<b>C. Transfers Between Funds</b>	\$ -15,000	\$	\$ 15,000	\$	\$	\$	\$

Enter Total Payments/Disbursements (Part B above) \$52,598.00

**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](mailto: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	<b>\$20.00</b>
\$50,000 \$150,000	<b>\$40.00</b>