

Report in Lieu of Audit (report date 1/1/24 or after)

Oregon Secretary of State - Audits Division

Instructions: You must fill in the fields required on this page before moving to the next page.

Save your progress and come back later to complete the form by clicking "Save" in the lower right. You will be given a link to come back and continue.

Fiscal year reported 1st Fiscal year

reported last day

Is this a revised report? Is this the final report?

7/1/2023 6/30/2024

Name of municipality
Cloverdale Water District

Municipal customer number 000534

Email of person filling out this

form

clover dale water district @outlook.c

om

Mailing address

PO Box 166, Cloverdale, Oregon 97112

Is this a new or change of address?

Nο

Registered agent name

Heidi Reid

Registered agent address (no PO Box) 700 H Ave, La Grande, Oregon 97850

Is this a new registered agent?

No

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Officers

Name of 1st Officer

Title

Board Chairperson

Crissa Alexander

Address

PO Box 1032, Pacific City, Oregon 97135

Email of 1st officer

crissaa@tpud.org

Name of 2nd Officer

Maile Samek

Title

Board Vice Chairperson

This Office is Vacant

No

Address

PO Box 274, Cloverdale, Oregon 97112

Email of 2nd officer

samekland@hotmail.com

Name of 3rd Officer

Jon Warren

Title

Board Secretary

This Office is Vacant

No

Address

PO Box 25, Cloverdale, Oregon 97112

Email of 3rd officer

oarman14@gmail.com

Do you have another officer to add?

No

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

Name of Insurance/Bond Company

WHA Insurance

Name and title of person(s) covered

Heidi Reid Office Administrator

Amount of coverage (should equal or exceed total receipts/revenues [Part A total]) \$200,000.00

Account balances

Cash and Investments \$301,933.00

Other assets \$461,755.00

Accounts payable

Long-term debt

\$0.00 \$0.00

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Budgeted and actual transactions

Part A: Revenues/Receipts

General Operating Fund

Choose revenue/receipt	Budget (if applicable)	Actual (revenue/receipts)
Property Taxes	\$25,900.00	\$25,807.00
Charges for Services	\$57,700.00	\$56,805.00
Assessments	\$0.00	\$0.00
Grants (state and federal)	\$0.00	\$0.00
Long-term debt proceeds	\$0.00	\$0.00
Other revenues	\$150.00	\$1,167.00
	\$83,750,00	\$83,779,00

Do you have an additional fund to add?

Yes

Name of fund:

Capital Improvement Fund

Capital Improvement Fund

Choose revenue/receipt	Budget (if applicable)	Actual (revenue/receipts)
Property taxes	\$0.00	\$0.00
Charges for services	\$0.00	\$0.00
Assessments	\$0.00	\$0.00
Grants (state and federal)	\$0.00	\$0.00
Long-term debt proceeds	\$0.00	\$0.00
Other revenues	\$1,500.00	\$10,916.00
	\$1,500.00	\$10,916.00

Do you have an additional fund to add?

Part A Total

This is the total of the dollar amounts in the "Actual" column above, rounded to the nearest value.

Part A Total \$94,695.00

Part B: Expenditures/Disbursements

General Operating Fund

Choose expenditure/disbursem ent	Budget (if applicable)	Actual (revenue/receipts)
Personal services	\$80,100.00	\$42,442.00
Material and services	\$51,650.00	\$23,534.00
Capital outlay	\$0.00	\$0.00
Debt service	\$0.00	\$0.00
Contingencies	\$8,000.00	\$0.00
	\$139,750.00	\$65,976.00

Capital Improvement Fund

Choose expenditure/disbursem ent	Budget (if applicable)	Actual (revenue/receipts)
Personal services	\$0.00	\$0.00
Material and services	\$0.00	\$0.00
Capital outlay	\$226,436.00	\$4,150.00
Debt service	\$0.00	\$0.00
Contingencies	\$0.00	\$0.00
	\$226,436.00	\$4,150.00

Part B Total

This is the total of the dollar amounts in the "Actual" column above, rounded to the nearest value.

Part B Total

\$70,126.00

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Part C: Transfers between funds

Transfers between funds and interfund loans are noted separately in this table. These transactions are common among municipalities with multiple funds. However, these amounts are not used in calculating the \$150,000 threshold to determine which report-type should be filed with the Secretary of State at the end of the fiscal year. Finally, transfers between funds should always net out to zero; transfers-out should always be equal to transfers-in.

Transfers

Fund name	Transfer-in	Transfer-out Total	
General Fund	\$0.00	\$20,000.00	
Capital Improvement Fund	\$20,000.00	\$0.00	
	\$20.000.00	\$20.000.00	

Transfers Total

0

Report Summary

Total Expenditures/Disbursements

\$70,126.00

Filing fee (per ORS 297.285) (report date 1/1/24 or after)		
Total expenditures (Part B total)	Filing fee	
\$0-\$50,000	\$40	
\$50,001-\$150,000	\$80	
\$150,001-\$250,000	\$150	

Total Due (Filing Fee)

Filing Fee \$80.00

Acknowledgment

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.

Yes

Elected official's name Crissa Alexander

Elected official's titleBoard Chairperson

Elected official's phone number

(503) 392-3515

Date 7/8/2024

Elected official's email crissaa@tpud.org

Would you like to add additional emails to receive a copy of this report?

Instructions: If you are done and ready to submit this form to the Audits Division use the "Submit" button below. If you want to save your work and come back later to do more, use the "Save" button below. "Save" does not submit your information to the Audits Division. You will be provided with a link to come back and work on this later.