



Chiloquin Vector Control District Klamath County, Oregon

JB Brown, Elliot Fox, Dennis Jefcoat, Tim McDermott, Albert Wilder
140 S 1st Street, Chiloquin Community Center Conference Room
Mailing address PO Box 860, Chiloquin, Oregon 97624 541 274 0132
Email: cvcdistrict@gmail.com Web page: www.chiloquinmosquito.org



CVCD Board of Trustee Meeting Agenda

Meetings called to order at 6:30PM

August 24 2022

Public meeting notices given: Meeting notices are posted in the Chiloquin Community Center public notice board, announced in the Chiloquin News at chiloquinnews.com, Notice on our web page: chiloquinmosquito.org, printed in the Friends of the Library Community Calendar and regularly printed in the Herald & News.

Meeting Rules and Regulations: The public is invited to address the Board at the end of the meeting unless the Presiding Officer asked for or accepts public discussion on any agenda item. Time limit shall be 3 minutes per speaker or 30 minutes total for all public comments. Legal issues cannot be discussed unless our legal council is present. Meeting minutes are maintained by sound recording per ORS 192.650(1). Thumb Drive MP3 copy of every meeting available upon request when accompanied by a payment of a \$25.00 payable to the CVCD and completion of the CVCD Freedom of Information Act request form available on our web page. The district does not provide written minutes of meetings.

Roll call of Trustees

Treasurer's Monthly Report

Financial statement balances as of July 30,2022

Original documents on file with Treasurer & available to Board members

Umpqua bank account checking	\$ 15,807.64
State LG money market account	\$111,975.52
Total amount of funds available in all of the District's account	\$127,783.16

Deposits to Umpqua Bank	\$9,000.00 LGIP
Deposits to State Account	\$121.56
Payment from Klamath County Treasurer:	\$0.00
Other Income	\$0.00

Bills to be paid

Three Rivers Mosquito & Vector Control mosquito Control Services 2 of 7	\$6,700.00
State of Oregon annual audit fee	\$ 40.00
Chairmans meeting cost for foods	
Total amount of this month's payments to vendors	\$

Discussion and vote to approve Treasurers report, bill paying and transfers of money.

New and Old Business

Discussion & Vote to approve the annual audit form attached.

Meeting & web page security issues.

Contractors Report

Report by Edward Horvath TRMVC

Public Comments

Next scheduled Meeting

4th Wednesday, September 28, 2022 at 6:30PM – final meeting for 2022.



Chiloquin Vector Control District <cvcdistrict@gmail.com>

Transaction Notification

1 message

ConnectAdminNoReply@pfmam.com <ConnectAdminNoReply@pfmam.com>
To: cvcdistrict@gmail.com

Sun, Aug 14, 2022 at 4:23 PM

Email auto-generated – do not reply to ConnectAdminNoReply@pfmam.com.

Dear Dennis,

Please be advised of the transaction requested below for CHILOQUIN VECTOR CONTROL DIST

Account: CHILOQUIN VECTOR CONTROL DISTRICT
Transaction Type: ACH Redemption
Bank Name: Umpqua Bank
Amount: 7,000.00
Confirmation #: 3548891
Submitted Date/Time: 08/14/2022 19:11:21 ET
Effective Date: 08/16/2022
Submitted By: Dennis Jefcoat

To review your transaction activity, please log on to www.oregon.gov/lgip. From the left side menu, select Activity History then choose the Pending Activity tab.

Sincerely
Oregon State Treasury LGIP

Please do not reply directly to this email message. If you have any questions please call Oregon State Treasury LGIP at 1-855-678-5447

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Three Rivers Mosquito and Vector Control

651 Market Street
Klamath Falls, Oregon 97601-6252

Invoice

Date	Invoice #
7/1/2022	2022-493
Office: (541) 238-2272 Email: info@trmvc.com	
Treatment Address (If different)	
Chiloquin Vector Control District P.O. Box 860 Chiloquin, Oregon 97624-0860	

Bill To

Chiloquin Vector Control District
P.O. Box 860
Chiloquin, Oregon 97624-0860

You can now pay online at:
<http://www.trmvc.com/payments.html>

P.O. No.	Terms	Project
	End of month	Chiloquin VCD FY2022-23

Description	Contract ...	Prior Amt	Prior %	Qty	Rate	Curr %	Total %	Amount
FY 2022-23 Payments: July 2022 Aug 2022 Sept 2022 March 2023 April 2023 May 2023 June 2023	46,900.00	6,700.00	14.29%	1	6,700.00	14.29%	28.57%	6,700.00

Cut here and return the slip below

Chiloquin Vector Control District P.O. Box 860 Chiloquin, Oregon 97624-0860	
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Invoice #	2022-493
Subtotal	\$6,700.00
Sales Tax (0.0%)	\$0.00
Total	\$6,700.00
Payments/Credits	\$0.00
Balance Due	\$6,700.00

Please make checks out to:
TRMVC
or
Three Rivers Mosquito & Vector Control



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

Fiscal year reported (MM/DD/YYYY): <input type="checkbox"/> Final report — municipality dissolved	Municipal customer number*
First day*: 07/01/2021	Last day*: 06/30/2022
1325	

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

Chiloquin Vector Control District

Mailing address New or change of address

Street or P.O. box*: PO Box 860

City*: Chiloquin	County*: Klamath	ZIP code*: 97624
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Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
Dennis N Jefcoat	36924 Agency Lake Loop Road, Chiloquin Or 97624

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
Dennis N Jefcoat	Chairman	PO Box 65, Chiloquin Or 97624
Tim McDermott	Vice Chairman	PO Box 151 Chiloquin Or, 97624
JB Brown	Treasurer	PO Box 180, Chiloquin Or 97624

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

Name of company*: Special Districts Insurance of Oregon
Name of person(s) covered*: All board members of the Chiloquin Vector Control District
Amount of coverage (should equal or exceed total receipts/revenues [Part A total])*: \$250,000

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.):	\$128,190
Other assets (from land, buildings, equipment, vehicles, etc.):	\$13,000
Accounts payable (e.g., to rents, payroll, utilities):	_____
Long-term debt (from bonds, loans, leases or other outstanding debt):	_____

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*:
	08/24/2022	Chairman of the Board
Elected official's printed name*:	Phone number*:	
Dennis N Jefcoat	(541) 274-0132	

Fiscal year reported (MM/DD/YYYY):		Municipal customer number*:
First day*: 07/01/2021	Last day*: 06/30/2022	1325

Budgeted and actual transactions

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

Part A: Revenues/receipts	General operating fund		Fund:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$51,600	\$56,201					\$56,201
Charges for services							\$0
Assessments							\$0
Grants (state and federal)							\$0
Long-term debt proceeds							\$0
Other revenues	\$7,200	\$921					\$921
Part A total:							\$57,122

Part B: Expenditures/ disbursements	General operating fund		Fund:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services							\$0
Material and services	\$57,750	\$50,433					\$50,433
Capital outlay							\$0
Debt service							\$0
Contingencies	\$2,000	\$0					\$0
Other expenditures							\$0
Part B total*:							\$50,433

Part C: Transfers between funds

Transfer-in							
Transfer-out							

Report summary

Enter total expenditures/disbursements (Part B total ¹)	\$50,433
Filing fee (see table, right)	\$40

Filing fee (per ORS 297.285)

Total expenditures (Part B total ¹)	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

*This is a required field.

¹If 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).