



# 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.

<b>Fiscal year reported 1st day</b> 7/1/2024	<b>Fiscal year reported last day</b> 6/30/2025	<b>Is this a revised report?</b> No	<b>Is this the final report?</b> No
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<b>Name of municipality</b> Dennis N Jefcoat	<b>Municipal customer number</b> 1325	<b>Email of person filling out this form</b> cvcdistrict@gmail.com
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<b>Mailing address</b> 36924 AGENCY LAKE LOOP RD, CHILOQUIN, Oregon 97624-7726	<b>Is this a new or change of address?</b> No
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<b>Registered agent name</b> Dennis Jefcoat	<b>Registered agent address (no PO Box)</b> 36924 AGENCY LAKE LOOP RD, CHILOQUIN, Oregon 97624-7726
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**Is this a new registered agent?**  
No

**Instructions:** If you are ready move to the next section of this form use the "Next" 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.

## Officers

<b>Name of 1st Officer</b> Dennis N Jefcoat Jefcoat	<b>Title</b> Chairman of the Board
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**Address**  
36924 AGENCY LAKE LOOP RD, CHILOQUIN, Oregon 97624-7726

**Email of 1st officer**  
cvcdistrict@gmail.com

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<b>Name of 2nd Officer</b> Theresa Shelby	<b>Title</b> Vice Chairman
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**This Office is Vacant**

No

**Address**

36550 Highway 62 #332, CHILOQUIN, Oregon 97624-0860

**Email of 2nd officer**

Trshelby@gmail.com

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**Name of 3rd Officer**

JB Brown

**Title**

Treasurer

**This Office is Vacant**

No

**Address**

PO Box 180, CHILOQUIN, Oregon 97624-0860

**Email of 3rd officer**

jbbs8069@centurytel.net

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**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**

Special Districts Insurance of Oregon

**Name and title of person(s) covered**

All chiloquin Vector Control District board of trustee members.

**Amount of coverage (should equal or exceed total receipts/revenues [Part A total])**

\$250,000.00

**Account balances**

**Cash and Investments**

\$141,013.00

**Other assets**

\$12,000.00

**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	\$59,623.00	\$58,194.00
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
Interest income	\$2,000.00	\$5,728.00
	<b>\$61,623.00</b>	<b>\$63,922.00</b>

Do you have an additional fund to add?

No

### Part A Total

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

Part A Total

\$63,922.00

### Part B: Expenditures/Disbursements

#### General Operating Fund

Choose expenditure/disbursement	Budget (if applicable)	Actual (revenue/receipts)
Personal services	\$0.00	\$0.00

Material and services	\$65,000.00	\$54,217.00
Capital outlay		
Debt service		
Contingencies	\$2,000.00	\$0.00
	<b>\$67,000.00</b>	<b>\$54,217.00</b>

## Part B Total

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

**Part B Total**  
\$54,217.00

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## Report Summary

**Total Expenditures/Disbursements**  
\$54,217.00

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**  
Dennis Jefcoat

**Elected official's title**  
Chairman of the Board

**Elected official's phone number**  
(541) 274-0132

**Date**  
8/3/2025

**Elected official's email**  
cvcdistrict@gmail.com

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

No

**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.