



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

1325-2022 190

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

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 [*] :
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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).