

RECEIVED

FEB 8 2013

Report to Secretary of State
Required Information

This is a corrected report
correcting transactions and
information. Please replace
the previous report with this
copy.

SECRETARY OF STATE
DIVISION OF REVENUE

Fiscal Year Reported: First Day July 2011, Last Day June 2012

1. Chiloquin Vector Control District
Name of government (use the official legal name)
2. PO Box 860 Chiloquin Klamath 97624
Mailing Address (Street or PO Box) City County Zip Code

REGISTERED AGENT (ORS 198.340)

3. Floyd Hescock President PO Box 860, Chiloquin, OR 97624
Name Title Mailing Address (same as district's official office) Zip Code

OFFICERS

4. Floyd Hescock President PO Box 860, Chiloquin, OR 08724
Name Title Address
- Mike Jenkins Trustee PO Box 949, Chiloquin, OR 97624
Name Title Address
- Gene Corbin Trustee PO Box 356, Chiloquin, OR 97624
Name Title Address
- _____ Name Title Address

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

5. Great Basin Insurance
Name of Company
6. Floyd Hescock \$40,000
Name of Person Covered Amount (should equal or exceed total money received)

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.) \$ 99,678.71
 - b) **Other Assets** (land, buildings, equipment, vehicles, etc.) \$ 15,000 (Approx)
 - c) **Accounts payable** (e.g. rents, payroll, utilities) \$ _____
 - d) **Long-Term Debt** (bonds, loans, leases, or other outstanding debt) \$ _____

I hereby certify that the above information and the budgeted and actual transaction totals noted on the following page(s) are true and correct to the best of my knowledge and belief.

8. _____
Signature of elected official
9. (541) 783-2135 President
Telephone No. Title

Name of Government: Chiloquin Vector Control District

Fiscal Year Reported: First Day July 2011, Last Day June 2012

Budgeted and Actual Transactions

	General Fund		Fund		Fund		Total
	Budget	Actual	Budget	Actual	Budget	Actual	Actuals
A. Revenues/Receipts	35,522.82	39,698.96					39,698.96
▪ Property taxes							
▪ Charges for services							
▪ Assessments							
▪ Grants (state and federal)							
▪ Long-Term Debt Proceeds							
▪ Other		761.75					761.75
TOTAL (A)	35,522.82	40,460.71					40,460.71
B. Payments/Disbursements							
▪ Personal Services							
▪ Material and Services	101,127.22	29,061.38					29,061.38
▪ Capital Outlay							
▪ Debt Service							
▪ Contingencies	2,000.00	0					0
▪ Other Payments							
TOTAL (B)	103,127.22	29,061.38					29,061.38
C. Transfers Between Funds							

Enter Total Payments/Disbursements (Part B above) \$ 29,061.38

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:

Secretary of State
 Business Services Division
 255 Capitol Street NE, Suite 180
 Salem, Oregon 97310

FILING FEE (ORS 297.485)

Expenditures (Item B)		Filing
Over	Not Over	Fee
\$ 0	\$ 50,000	\$ 20
\$ 50,000	\$ 150,000	\$ 40