

Report to Secretary of State
Required Information

Municipal Customer #

1325

Fiscal Year Reported:

First Day

July 1 2016

Last Day

June 30, 2017

1. CHILOQUIN VECTOR CONTROL DISTRICT
Name of government (use the official legal name)

2. Mailing Address (Street or PO Box) PO BOX 860

City Chiloquin

County Klamath

Zip Code 97624

REGISTERED AGENT (ORS 198.340)

3. Name Dennis N Jefcoat Title Chairman of the Board Address PO Box 65, Chiloquin, Or 97624 - 0065

OFFICERS

4. Name Michael Cook Title Vice Chairman Address PO Box 437, Chiloquin, Or 97624 -0437

Name JB Brown Title Treasurer Address PO Box 180, Chiloquin, Or 97624 - 0180

Name Richard Twamley Title Board Member Address PO Box 1252, Chiloquin, Or 97624 -1280

Name Albert Wilder Title Board member Address PO Bx 422, Chiloquin, Or 97624 -0422

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

5. Name of Company SPECIAL DISTRICTS INSURANCE ASSOCIATION OF OREGON

6. Name of Person Covered Dennis N Jefcoat Amount (should equal or exceed total money received) \$250,000

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.) \$ 119,198.30

b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ 10,000

c) Accounts payable (e.g. rents, payroll, utilities) \$ 0

d) Long-Term Debt (bonds, loans, leases, or other outstanding debt) \$ 0

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 who is responsible for the information described in this report.

8. Signature of elected official

9. Telephone No. 541 274 0132 CVCD Office

Title Chairman of the Board of Trustees CVCD

AUG 28 '17 10:10

CHILOQUIN VECTOR CONTROL DISTRICT

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Budgeted and Actual Transactions

	General Fund		Reserve Funds		Fund		Fund	Total
	Budget	Actual	Budget	Actual	Budget	Actual		
A. Revenue/Receipts								
Property taxes	\$ 44,000	\$ 44,661.41	\$ 0	\$ 0	\$	\$	\$	\$ 44,661.41
Charges for services	0	0	0	0				0
Assessments	0	0	0	0				0
Grants (state and federal)	0	0	0	0				0
Long-Term Debt Proceeds	0	0	0	0				0
Other	2,280	33,330.18	360	613.03				33,943.21
Total (A)	\$ 46,280	\$ 77,991.59	\$ 360	\$ 613.03	\$	\$	\$	\$ 78,604.62
B. Payments/Disbursements								
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$	\$	\$ 0
Material and Services	46,000	44,837.6	104,094	0				44,837.6
Capital Outlay	0	0	0	0				0
Debt Service	0	0	0	0				0
Contingencies	2,000	0	0	0				0
Other Payments	0	0	0	0				0
Total (B)	\$ 48,000	\$ 44,837.6	\$ 104,094	\$ 0	\$	\$	\$	\$ 44,837.6
C. Transfers Between Funds	\$ 25,800	\$ 25,800	\$ 0	\$ 0	\$	\$	\$	\$ 25,800

Enter Total Payments/Disbursements (Part B above) \$44,837.60

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/email:

Secretary of State - Business Services Division municipalfilings@sos.state.or.us
255 Capitol Street NE, Suite 180
Salem, Oregon 97310

FILING FEE (ORS 297.485)

Expenditures (Item B)		Filing Fee
Over	Not Over	
\$0	\$50,000	\$20.00
\$50,000	\$150,000	\$40.00