



# Oregon Secretary of State – Audits Division

## Report in Lieu of Audit

902-2021

Fiscal year reported (MM/DD/YYYY): <input type="checkbox"/> Final report — municipality dissolved	Municipal customer number*:
First day*: 07/01/2020	Last day*: 06/30/2021
000902	

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

Cloverdale Sanitary District

**Mailing address**  New or change of address

Street or P.O. box\*: PO Box 157

City\*: Cloverdale

County\*: Tillamook

ZIP code\*: 97112

**Registered agent (ORS 198.340)**  New registered agent

<b>Name:</b>	<b>Address (street/city/state/ZIP code):</b>
Heidi Reid	700 H. Ave La Grande, OR 97850

**Officers\***

Name:	Title:	Address (street/city/state/ZIP code):
Ken Bailey	Board Chair	PO Box 164 Cloverdale, OR 97112
Jon Warren	Board Secretary	PO Box 25 Cloverdale, OR 97112
Dan Pengelly	Board Member	PO Box 250 Cloverdale, OR 97112
Lawrence Sanders	Board Vice Chair	PO Box 303 Cloverdale, OR 97112

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

Name of company*: WHA Insurance
Name of person(s) covered*: Heidi Reid
Amount of coverage (should equal or exceed total receipts/revenues [Part A total])*: \$200,000

**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.):	\$148,208
Other assets (from land, buildings, equipment, vehicles, etc.):	\$1,236,114
Accounts payable (e.g., to rents, payroll, utilities):	\$1,584
Long-term debt (from 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 responsible for the information described in this report.

<b>Elected official's signature:</b>	<b>Date (MM/DD/YYYY)*:</b>	<b>Title*:</b>
	07/14/2021	Board Chairman
<b>Elected official's printed name*:</b>	<b>Phone number*:</b>	
Kenneth Bailey	(503) 392-3117	

<b>Fiscal year reported (MM/DD/YYYY):</b>	<b>Municipal customer number*:</b>
First day*: 07/01/2020      Last day*: 06/30/2021	000902

## Budgeted and actual transactions

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

<b>Part A:</b> Revenues/receipts	General operating fund		Fund: Capital Improvement		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$0	\$0	\$2,775	\$2,821			\$2,821
Charges for services	\$91,581	\$95,041	\$0	\$0			\$95,041
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 revenues	\$350	\$387	\$400	\$605			\$992
<b>Part A total:</b>							<b>\$98,854</b>

<b>Part B:</b> Expenditures/disbursements	General operating fund		Fund: Capital Improvement		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$44,910	\$43,420	\$0	\$0			\$43,420
Material and services	\$59,259	\$43,049	\$0	\$0			\$43,049
Capital outlay	\$0	\$0	\$111,517	\$76			\$76
Debt service	\$0	\$0	\$0	\$0			\$0
Contingencies	\$2,000	\$0	\$0	\$0			\$0
Other expenditures	\$0	\$0	\$0	\$0			\$0
<b>Part B total*:</b>							<b>\$86,545</b>

### Part C: Transfers between funds

Transfer-in	\$0	\$0	\$6,000	\$3,000			\$3,000
Transfer-out	\$6,000	\$3,000	\$0	\$0			\$3,000

### Report summary

Enter total expenditures/disbursements (Part B total <sup>†</sup> )	\$86,545
Filing fee (see table, right)	\$40

### Filing fee (per ORS 297.285)

Total expenditures (Part B total <sup>†</sup> )	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](mailto:MunicipalFilings.SOS@oregon.gov)

\*This is a required field.

<sup>†</sup>If 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).