



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.

Fiscal year reported 1st day	Fiscal year reported last day	Is this a revised report?	Is this the final report?
7/1/2024	6/30/2025	No	No

Name of municipality	Municipal customer number	Email of person filling out this form
Cloverdale Water District	000534MUNI	cloverdalewaterdistrict@outlook.com

Mailing address	Is this a new or change of address?
PO Box 166, Cloverdale, Oregon 97112	No

Registered agent name	Registered agent address (no PO Box)
Heidi Reid	700 H Ave, La Grande, Oregon 97850

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

Name of 1st Officer	Title
Crissa Alexander	Board Chairman

Address
PO Box 1032, Pacific City, Oregon 97135

Email of 1st officer
crissaa@tpud.org

Name of 2nd Officer	Title
Maile Samek	Board Vice Chairman

This Office is Vacant

No

Address

PO Box 274, Cloverdale, Oregon 97112

Email of 2nd officer

samekland@hotmail.com

Name of 3rd Officer

Jon Warren

Title

Board Secretary

This Office is Vacant

No

Address

PO Box 25, Cloverdale, Oregon 97112

Email of 3rd officer

oarman14@gmail.com

Do you have another officer to add?

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.

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

Name of Insurance/Bond Company

WHA Insurance

Name and title of person(s) covered

Heidi Reid

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

\$250,000.00

Account balances

Cash and Investments

\$307,865.50

Other assets

\$461,755.00

Accounts payable

Long-term debt

\$0.00

\$0.00

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.

Budgeted and actual transactions

Part A: Revenues/Receipts

General Operating Fund

Choose revenue/receipt	Budget (if applicable)	Actual (revenue/receipts)
Property Taxes	\$26,400.00	\$26,224.78
Charges for Services	\$57,500.00	\$58,273.06
Assessments	\$0.00	\$0.00
Grants (state and federal)	\$0.00	\$0.00
Long-term debt proceeds	\$0.00	\$0.00
Other revenues	\$750.00	\$867.37
	\$84,650.00	\$85,365.21

Do you have an additional fund to add?

Yes

Name of fund:

Capital Improvement Fund

Capital Improvement Fund

Choose revenue/receipt	Budget (if applicable)	Actual (revenue/receipts)
Property taxes	\$0.00	\$0.00
Charges for services	\$0.00	\$11,400.00
Assessments	\$0.00	\$0.00
Grants (state and federal)	\$0.00	\$0.00
Long-term debt proceeds	\$0.00	\$0.00
Other revenues	\$8,500.00	\$11,496.03
	\$8,500.00	\$22,896.03

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
\$108,261.00

Part B: Expenditures/Disbursements

General Operating Fund

Choose expenditure/disbursement	Budget (if applicable)	Actual (revenue/receipts)
Personal services	\$88,790.00	\$60,487.78
Material and services	\$46,360.00	\$39,723.90
Capital outlay	\$0.00	\$0.00
Debt service	\$0.00	\$0.00
Contingencies	\$8,000.00	\$0.00
	\$143,150.00	\$100,211.68

Capital Improvement Fund

Choose expenditure/disbursement	Budget (if applicable)	Actual (revenue/receipts)
Personal services	\$0.00	\$0.00
Material and services	\$0.00	\$0.00
Capital outlay	\$252,800.00	\$4,600.15
Debt service	\$0.00	\$0.00
Contingencies	\$0.00	\$0.00
	\$252,800.00	\$4,600.15

Part B Total

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

Part B Total

\$104,812.00

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.

Part C: Transfers between funds

Transfers between funds and interfund loans are noted separately in this table. These transactions are common among municipalities with multiple funds. However, these amounts are not used in calculating the \$150,000 threshold to determine which report-type should be filed with the Secretary of State at the end of the fiscal year. Finally, transfers between funds should always net out to zero; transfers-out should always be equal to transfers-in.

Transfers

Fund name	Transfer-in	Transfer-out Total
General Fund	\$0.00	\$10,000.00
Capital Improvement Fund	\$10,000.00	\$0.00
	\$10,000.00	\$10,000.00

Transfers Total

0

Report Summary

Total Expenditures/Disbursements
\$104,812.00

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

Crissa Alexander

Elected official's title

Board Chairman

Elected official's phone number

(503) 812-3836

Date

7/24/2025

Elected official's email

crissaa@tpud.org

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.