



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

579-2019

Fiscal year reported (MM/DD/YYYY):	<input type="checkbox"/> Final report — municipality dissolved	Municipal customer number*:
First day*: 07/01/2018	Last day*: 06/30/2019	000579MUNI

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

Otter Rock Water District

Mailing address New or change of address

Street or P.O. box*: 6515 Gladys Avenue

City*: Otter Rock	County*: Lincoln	ZIP code*: 97369
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Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
Buck Boston	710 Third St, Otter Rock, OR 97369

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
Dan Gleason	Vice-Chair	120 1st Street, Otter Rock, OR 97369
Patricia Anderson	Treasurer	6725 Ellie Avenue, Otter Rock, OR 97369
Buzz Backenstow		220 Fourth Street, Otter Rock, OR 97369
Art Bradley		6850 Ellie Avenue, Otter Rock, OR 97369

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

Name of company*: Special District Insurance Services
Name of person(s) covered*: Not specified
Amount of coverage (should equal or exceed total receipts/revenues [Part A total])*: \$50,000

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.):	\$95,066
Other assets (from land, buildings, equipment, vehicles, etc.):	\$401,366
Accounts payable (e.g., to rents, payroll, utilities):	\$0
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.

Elected official's signature:	Date (MM/DD/YYYY)*:	Title*:
	10-4-19	COMMISSIONER 3
Elected official's printed name*:	Phone number*:	
PATRICIA ANDERSON	503-910-5962	

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: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes							\$0
Charges for services	\$100,200	\$89,838					\$89,838
Assessments							\$0
Grants (state and federal)		\$1,823					\$1,823
Long-term debt proceeds							\$0
Other revenues			\$8,833	\$1,564			\$1,564
Part A total:							\$93,225

Part B: Expenditures/ disbursements	General operating fund		Fund: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$38,200	\$39,285					\$39,285
Material and services	\$66,680	\$30,765	\$2,000	\$0			\$30,765
Capital outlay		\$28,424					\$28,424
Debt service							\$0
Contingencies							\$0
Other expenditures							\$0
Part B total*:							\$98,474

Part C: Transfers between funds

Transfer-in	\$ 0	\$ 15,013					\$ 15,013
Transfer-out			\$ 0	\$ 15,013			\$ 15,013

Report summary

Enter total expenditures/disbursements (Part B total [†])	\$98,474
Filing fee (see table, right)	\$40

Filing fee (per ORS 297.285)

Total expenditures (Part B total [†])	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.

[†]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).