



# Oregon Secretary of State – Audits Division

## Report in Lieu of Audit

<b>Fiscal year reported (MM/DD/YYYY):</b>	<input type="checkbox"/> Final report — municipality dissolved	<b>Municipal customer number*:</b>
First day*:	Last day*:	

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

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**Mailing address**  New or change of address

Street or P.O. box*:		
City*:	County*:	ZIP code*:

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

<b>Name:</b>	<b>Address (street/city/state/ZIP code):</b>

**Officers\***

Name:	Title:	Address (street/city/state/ZIP code):

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

Name of company*:
Name of person(s) covered*:
Amount of coverage (should <i>equal or exceed</i> total receipts/revenues [Part A total])*:

**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.): \_\_\_\_\_

**Other assets** (from land, buildings, equipment, vehicles, etc.): \_\_\_\_\_

**Accounts payable** (e.g., to rents, payroll, utilities): \_\_\_\_\_

**Long-term debt** (from bonds, loans, leases or other outstanding debt): \_\_\_\_\_

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>
<b>Elected official's printed name*:</b>		<b>Phone number*:</b>

Fiscal year reported (MM/DD/YYYY):	Municipal customer number*:
First day*:	Last day*:

## 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:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes							
Charges for services							
Assessments							
Grants (state and federal)							
Long-term debt proceeds							
Other revenues							
<b>Part A total:</b>							

Part B: Expenditures/ disbursements	General operating fund		Fund:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services							
Material and services							
Capital outlay							
Debt service							
Contingencies							
Other expenditures							
<b>Part B total*:</b>							

### Part C: Transfers between funds

Transfer-in							
Transfer-out							

### Report summary

Enter total expenditures/disbursements (Part B total <sup>†</sup> )	
Filing fee (see table, right)	

### 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).