



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

| | | |
|------------------------------------|----------------------------------------------------------------|-----------------------------|
| Fiscal year reported (MM/DD/YYYY): | <input type="checkbox"/> Final report — municipality dissolved | Municipal customer number*: |
| First day*: 07/01/2017 | Last day*: 06/30/2018 | 000608MUNI |

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

Tooley Water District

Mailing address New or change of address

Street or P.O. box*: 4730 Highway 30 West

| | | |
|-------------------|----------------|------------------|
| City*: The Dalles | County*: Wasco | ZIP code*: 97058 |
|-------------------|----------------|------------------|

Registered agent (ORS 198.340) New registered agent

| | |
|------------|---------------------------------------|
| Name: | Address (street/city/state/ZIP code): |
| John Amery | PO Box 1543 The Dalles, OR 97058 |

Officers*

| Name: | Title: | Address (street/city/state/ZIP code): |
|----------------|-------------------------|---------------------------------------|
| Carol Mauser | Boardmember / Chair | 4756 Adeline Way, The Dalles, OR |
| Debbie Jones | Boardmember / Secretary | 4575 Basalt Street, The Dalles, OR |
| David Pratt | Boardmember | 4745 Adeline Way, The Dalles, OR |
| Richard Pontow | Boardmember | 4727 Simonelli Road, The Dalles, OR |

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

Name of company*: Tooley Water District

Name of person(s) covered*: Officers of the District

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.): | \$42,065 |
| Other assets (from land, buildings, equipment, vehicles, etc.): | \$249,300 |
| 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*: |
| John Amery | 09/18/2018 | Boardmember / Treasurer |
| Elected official's printed name*: | Phone number*: | |
| John Amery | (541) 340-0032 | |

| | | |
|------------------------------------|-----------------------|-----------------------------|
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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: | | Fund: | | Totals (actual columns only) |
|------------------------------|------------------------|----------|--------|--------|--------|--------|------------------------------|
| | Budget | Actual | Budget | Actual | Budget | Actual | |
| Property taxes | \$0 | \$0 | | | | | \$0 |
| Charges for services | \$36,120 | \$35,264 | | | | | \$35,264 |
| Assessments | \$0 | \$0 | | | | | \$0 |
| Grants (state and federal) | \$0 | \$0 | | | | | \$0 |
| Long-term debt proceeds | \$0 | \$0 | | | | | \$0 |
| Other revenues | \$35 | \$32 | | | | | \$32 |
| Part A total: | | | | | | | \$35,296 |

| Part B: Expenditures/ disbursements | General operating fund | | Fund: | | Fund: | | Totals (actual columns only) |
|-------------------------------------------|------------------------|----------|--------|--------|--------|--------|------------------------------|
| | Budget | Actual | Budget | Actual | Budget | Actual | |
| Personal services | \$3,962 | \$3,085 | | | | | \$3,085 |
| Material and services | \$28,785 | \$25,200 | | | | | \$25,200 |
| Capital outlay | \$5,000 | \$0 | | | | | \$0 |
| Debt service | \$0 | \$0 | | | | | \$0 |
| Contingencies | \$7,500 | \$0 | | | | | \$0 |
| Other expenditures | \$0 | \$0 | | | | | \$0 |
| Part B total*: | | | | | | | \$28,285 |

Part C: Transfers between funds

| | | | | | | | |
|--------------|--|--|--|--|--|--|--|
| Transfer-in | | | | | | | |
| Transfer-out | | | | | | | |

Report summary

| | |
|---------------------------------------------------------------------|----------|
| Enter total expenditures/disbursements (Part B total ¹) | \$28,285 |
| Filing fee (see table, right) | \$20 |

Filing fee (per ORS 297.285)

| Total expenditures (Part B total ¹) | 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.

¹If 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).