



# Report in Lieu of Audit

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.

<b>Fiscal year reported 1st day</b> 7/1/2021	<b>Fiscal year reported last day</b> 6/30/2022	<b>Is this the final report?</b> No	<b>Is this a revised report?</b> No
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<b>Name of municipality</b> Wolf Creek Rural Fire Protection District	<b>Municipal customer number</b> 000880MUNI	<b>Email</b> wcfire.office@gmail.com
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<b>Mailing address</b> PO Box 1, Wolf Creek, Oregon 97497	<b>Is this a new or change of address?</b> No
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<b>Registered agent name</b> Thomas Barber	<b>Registered agent address</b> 1 Old Hwy 99, Wolf Creek, Oregon 97497
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**Is this a new registered agent?**  
No

## Officers

<b>Title, first name, last name</b> Mr. J. David Clark	<b>Address</b> 1 Old Hwy 99, Wolf Creek, Oregon 97497
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**Email of officer**  
wcfire.office@gmail.com

**Do you have another officer to add?**  
Yes

<b>Title, first name, last name</b> Mr. Dale Bloom	<b>Address</b> 1 Old Hwy 99, Wolf Creek, Oregon 97497
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**Email of 2nd officer**  
wcfire.office@gmail.com

**Do you have another officer to add?**  
Yes

**Title, first name, last name**

Mr. Brian Carlton

**Address**

1 Old Hwy 99, Wolf Creek, Oregon 97497

**Email of 3rd officer**

wcfire.office@gmail.com

**Do you have another officer to add?**

Yes

**Title, first name, last name**

Mr. Robert Stumbo

**Address**

1 Old Hwy 99, Wolf Creek, Oregon 97497

**Email of 4th officer**

wcfire.office@gmail.com

**Do you have another officer to add?**

No

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

WHA Insurance

**Name and title of person(s) covered**

Thomas Barber etal

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

\$100,000.00

**Account balances****Cash**

\$298,766.00

**Other assets**

\$1,133,300.00

**Accounts payable**

\$675.00

**Long-term debt**

\$0.00

**Budgeted and actual transactions****Part A: Revenues/receipts****General Operating Fund****General Operating Fund**

<b>Choose revenue/receipt</b>	<b>Budget</b>	<b>Actual</b>
Property Taxes	\$94,082.00	\$92,130.00
Charges for Services	\$7,000.00	\$2,024.00
Assessments	\$0.00	\$0.00

Grants (state and federal)	\$3,000.00	\$0.00
Long-term debt proceeds	\$0.00	\$28,411.00
Other revenues	\$400.00	\$9,036.00
	<b>\$104,482.00</b>	<b>\$131,601.00</b>

**Do you have an additional fund to add?**  
No

**Part A Total**  
\$131,601.00

**Part B: Expenditures/disbursements**

**General Operating Fund**

**General Operating Fund**

<b>Choose expenditure/disbursement</b>	<b>Budget</b>	<b>Actual</b>
Personal services	\$41,790.00	\$31,565.00
Material and services	\$86,578.00	\$57,799.00
Capital outlay	\$0.00	\$0.00
Debt service	\$0.00	\$0.00
Contingencies	\$5,415.00	\$0.00
	<b>\$133,783.00</b>	<b>\$89,364.00</b>

**Part B Total**  
\$89,364.00

**Report Summary**

**Total Expenditures/Disbursements**  
\$89,364.00

**Filing fee (per ORS 297.285)**

<b>Total expenditures (Part B total<sup>1</sup>)</b>	<b>Filing fee</b>
\$0-\$50,000	\$20
\$50,001-\$150,000	\$40

**Filing Fee**  
\$40.00

## 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 title and name**

Mr. Thomas Barber

**Elected official's phone number**

(541) 866-2584

**Date**

10/16/2022

**Your email**

wcfire.office@gmail.com