



# Oregon Secretary of State – Audits Division

## Report in Lieu of Audit

880-2021

<b>Fiscal year reported (MM/DD/YYYY):</b> <input type="checkbox"/> Final report — municipality dissolved	<b>Municipal customer number*:</b>
First day*: 07/01/2020	Last day*: 06/30/2021
000880MUNI	

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

Wolf Creek Rural Fire Protection District

**Mailing address**  New or change of address

Street or P.O. box\*: PO Box 1

City*: Wolf Creek	County*: Josephine	ZIP code*: 97497
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**Registered agent (ORS 198.340)**  New registered agent

<b>Name:</b>	<b>Address (street/city/state/ZIP code):</b>
Thomas Barber (Secretary)	PO Box 1, Wolf Creek, OR 97497

**Officers\***

Name:	Title:	Address (street/city/state/ZIP code):
J David Clark	President	PO Box 1, Wolf Creek, OR 97497
Dale Bloom	Vice-president	PO Box 1, Wolf Creek, OR 97497
Brian Carlton	Treasurer	PO Box 1, Wolf Creek, OR 97497
Robert Stumbo	Member	PO Box 1, Wolf Creek, OR 97497

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

Name of company\*: WHA Insurance

Name of person(s) covered\*: Thomas Barber

Amount of coverage (should equal or exceed total receipts/revenues [Part A total]\*): \$5,000,000

**Account balances**

Please list the balances, per your accounting records, as of the last day of the year reported:

<b>Cash</b> (from banks, credit unions, county/state investment pools, etc.):	\$262,309
<b>Other assets</b> (from land, buildings, equipment, vehicles, etc.):	\$506,370
<b>Accounts payable</b> (e.g., to rents, payroll, utilities):	\$11
<b>Long-term debt</b> (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.

<b>Elected official's signature:</b>	<b>Date (MM/DD/YYYY)*:</b>	<b>Title*:</b>
	09/01/2021	Secretary
<b>Elected official's printed name*:</b>		<b>Phone number*:</b>
Thomas Barber		(541) 660-5437

<b>Fiscal year reported (MM/DD/YYYY):</b>	<b>Municipal customer number*:</b>
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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).

<b>Part A:</b> Revenues/receipts	General operating fund		Fund: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$111,600	\$157,551					\$157,551
Charges for services	\$8,900	\$1,826					\$1,826
Assessments	\$0	\$0					\$0
Grants (state and federal)	\$0	\$0					\$0
Long-term debt proceeds	\$0	\$0					\$0
Other revenues	\$100	\$3,155	\$0	\$29,256			\$32,411
<b>Part A total:</b>							<b>\$191,788</b>

<b>Part B:</b> Expenditures/ disbursements	General operating fund		Fund: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$41,790	\$31,078					\$31,078
Material and services	\$86,578	\$102,884					\$102,884
Capital outlay	\$0	\$0					\$0
Debt service	\$0	\$0					\$0
Contingencies	\$5,415	\$0					\$0
Other expenditures	\$30,000	\$0					\$0
<b>Part B total*:</b>							<b>\$133,962</b>

### Part C: Transfers between funds

Transfer-in	\$0	\$0					\$0
Transfer-out	\$0	\$0					\$0

### Report summary

Enter total expenditures/disbursements (Part B total <sup>†</sup> )	\$133,962
Filing fee (see table, right)	\$40

### 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).