



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*: 07/01/2019	Last day*: 06/30/2020
000880MUNI	

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

Wolf Creek Rural Fire Protection Fire 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

Name:	Address (street/city/state/ZIP code):
Douglas Reyes (Secretary)	PO Box 1, Wolf Creek, OR 97497

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
Peter Kleine	President	PO Box 1, Wolf Creek, OR 97497
David Clark	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*: Douglas Reyes

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:

Cash (from banks, credit unions, county/state investment pools, etc.):	\$186,977
Other assets (from land, buildings, equipment, vehicles, etc.):	\$561,798
Accounts payable (e.g., to rents, payroll, utilities):	\$1,156
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*:
	11/11/20	Secretary / Reg. Agent
Elected official's printed name*:		Phone number*:
Douglas Reyes		(541) 866-2584

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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	\$107,233	\$112,966					\$112,966
Charges for services	\$8,100	\$6,845					\$6,845
Assessments	\$0	\$0					\$0
Grants (state and federal)	\$3,000	\$10,052					\$10,052
Long-term debt proceeds	\$28,956	\$28,956					\$28,956
Other revenues	\$100	\$9					\$9
Part A total:							\$158,828

Part B: Expenditures/ disbursements	General operating fund		Fund:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$41,790	\$28,366					\$28,366
Material and services	\$80,096	\$64,885					\$64,885
Capital outlay	\$0	\$0					\$0
Debt service	\$0	\$0					\$0
Contingencies	\$5,415	\$0					\$0
Other expenditures	\$30,000	\$0					\$0
Part B total*:							\$93,251

Part C: Transfers between funds

Transfer-in							
Transfer-out							

Report summary

Enter total expenditures/disbursements (Part B total [†])	\$93,251
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).