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.

Fiscal year reported 1st day	Fiscal year reported last day	Is this a revised report?	Is this the final report?
7/1/2025	6/30/2026	No	No

Name of municipality
Cloverdale Sanitary District

Municipal customer number
000902MUNI

Email of person filling out this form
cloverdalesd@outlook.com

Mailing address
PO Box 157, Cloverdale, Oregon 97112

Is this a new or change of address?
No

Registered agent name
Heidi Reid

Registered agent address (no PO Box)
700 H Ave, La Grande, Oregon 97850

Is this a new registered agent?
No

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Officers

Name of 1st Officer
Jeniffer Corcoran

Title
Board Chairman

Address
34660 Highway 101 S, Cloverdale, Oregon 97112

Email of 1st officer
jeniffer.corcoran@gmail.com

Name of 2nd Officer
Candy Pengelly

Title
Board Vice Chairman

This Office is Vacant
No

Address
PO Box 250, Cloverdale, Oregon 97112

Email of 2nd officer
candycepengelly@gmail.com

Name of 3rd Officer
Fred Bassett

Title
Board Secretary

This Office is Vacant
No

Address
PO Box 75, Cloverdale, Oregon 97112

Email of 3rd officer
fredbassettmusic@gmail.com

Do you have another officer to add?
No

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

Name of Insurance/Bond Company
WHA Insurance

Name and title of person(s) covered
Heidi Reid

Amount of coverage (should equal or exceed total receipts/revenues [Part A total])
$250,000.00

Account balances

Cash and Investments
$199,451.00

Other assets
$1,236,114.00

Accounts payable
$0.00

Long-term debt
$0.00

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Budgeted and actual transactions

Part A: Revenues/Receipts

General Operating Fund

Choose revenue/receipt	Budget (if applicable)	Actual (revenue/receipts)
Property Taxes	$0.00	$0.00
Charges for Services	$171,600.00	$174,840.00
Assessments	$0.00	$0.00
Grants (state and federal)	$0.00	$2,500.00
Long-term debt proceeds	$0.00	$0.00
Rent/Lease Income	$5,000.00	$5,000.00
System Fees	$2,500.00	$5,671.00
Interest Income	$15.00	$508.00
	$179,115.00	**$188,519.00**

Do you have an additional fund to add?
Yes

Name of fund:
Capital Improvement Fund

Capital Improvement Fund

Choose revenue/receipt	Budget (if applicable)	Actual (revenue/receipts)
Property taxes	$3,300.00	$3,182.00
Charges for services	$6,000.00	$6,220.00
Assessments	$0.00	$0.00
Grants (state and federal)	$0.00	$39,731.00
Long-term debt proceeds	$0.00	$0.00

Interest Income	$2,500.00	$4,498.00
	$11,800.00	**$53,631.00**

Do you have an additional fund to add?
No

Part A Total

This is the total of the dollar amounts in the "Actual" column above, rounded to the nearest value.

Part A Total
$242,150.00

Part B: Expenditures/Disbursements

General Operating Fund

Choose expenditure/disbursement	Budget (if applicable)	Actual (expenditures/disbursements)
Personal services	$113,000.00	$97,624.00
Material and services	$91,115.00	$48,582.00
Capital outlay	$0.00	$0.00
Debt service	$0.00	$0.00
Contingencies	$6,000.00	$0.00
	$210,115.00	**$146,206.00**

Capital Improvement Fund

Choose expenditure/disbursement	Budget (if applicable)	Actual (expenditures/disbursements)
Personal services	$0.00	$0.00
Material and services	$0.00	$0.00
Capital outlay	$130,600.00	$69,128.00
Debt service	$0.00	$0.00
Contingencies	$0.00	$0.00
	$130,600.00	**$69,128.00**

Part B Total

This is the total of the dollar amounts in the "Actual" column above, rounded to the nearest value.

Part B Total
$215,334.00

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Part C: Transfers between funds

Transfers between funds and interfund loans are noted separately in this table. These transactions are common among municipalities with multiple funds. However, these amounts are not used in calculating the $150,000 threshold to determine which report-type should be filed with the Secretary of State at the end of the fiscal year. Finally, transfers between funds should always net out to zero; transfers-out should always be equal to transfers-in.

Transfers

Fund name	Transfer-in	Transfer-out	Total
General Fund	$0.00	$10,000.00	
Capital Improvement Fund	$10,000.00	$0.00	
	$10,000.00	**$10,000.00**	

Transfers Total
0

Report Summary

Total Expenditures/Disbursements
$215,334.00

Filing fee (per ORS 297.285) (report date 1/1/24 or after)	
Total expenditures (Part B total)	**Filing fee**
$0–$50,000	$40
$50,001–$150,000	$80
$150,001–$250,000	$150

Total Due (Filing Fee)

Filing Fee
$150.00

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 name	**Elected official's title**	**Elected official's phone number**
Jeniffer Corcoran	Board Chairman	(541) 561-7953

Date	**Elected official's email**
7/21/2026	jeniffer.corcoran@gmail.com

Would you like to add additional emails to receive a copy of this report?
Yes

Additional Email	**Additional Email**
cloverdalesd@outlook.com	

You may also forward a copy of the email you receive after submitting this form to any additional emails.

Instructions: If you are done and ready to submit this form to the Audits Division use the "Submit" button below. If you want to save your work and come back later to do more, use the "Save" button below. "Save" does not submit your information to the Audits Division. You will be provided with a link to come back and work on this later.