

## 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.

No

Fiscal year reported 1st Fiscal year

Is this a revised report? Is this the final report?

7/1/2022

reported last day 6/30/2023

Name of municipality

Scottsburg

Municipal customer number

000832MUNI

Email of person filling out this

form

admin@srfdems.org

Yes

Mailing address

PO Box 625, Scottsburg, Oregon 97473

Is this a new or change of

address? No

Registered agent name

Jim Irvine Scottsburg

Registered agent address (no PO Box) PO Box 625, Scottsburg, Oregon 97473

Is this a new registered agent?

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#### **Officers**

Name of 1st Officer Nick Cartwright

Title

Chair of Board

**Address** 

PO Box 625, Scottsburg, Oregon 97473

Email of 1st officer

chair@srfdems.org

Name of 2nd Officer

Rick Moramarco

Title Chief

This Office is Vacant

No

**Address** 

PO Box 625, Scottsburg, Oregon 97473

**Email of 2nd officer** 

chief@srfdems.org

#### This Office is Vacant

Yes

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

Name of Insurance/Bond Company

Zolezzi Insurance

Name and title of person(s) covered

All Board Members, Chief, Crew and Administrative personnel:

(3 Specifically: Nick Cartwright Board Chair, Rick Moramarco Chief, Jim Irvine Administrator

Amount of coverage (should equal or exceed total receipts/revenues [Part A total]) \$200,000.00

#### Account balances

Cash and Investments

\$0.00

\$206,612.94

Accounts payable

\$5,450.00

Long-term debt \$0.00

Other assets

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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	\$45,000.00	\$51,279.97
Charges for Services	\$6,000.00	\$4,703.44
Assessments	\$0.00	\$0.00
Grants (state and federal)	\$45,000.00	\$60,212.24
Long-term debt proceeds	\$0.00	\$0.00
	\$96,000.00	\$116,195,65

Do you have an additional fund to add?

#### **Part A Total**

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

**Part A Total** \$116,196.00

Part B: Expenditures/Disbursements

**General Operating Fund** 

Choose expenditure/disbursem ent	Budget (if applicable)	Actual (revenue/receipts)
Personal services	\$5,700.00	\$41,918.56
Material and services	\$91,100.00	\$20,412.00
Capital outlay	\$22,000.00	\$35,882.76
Debt service	\$0.00	\$0.00
Contingencies	\$0.00	\$0.00
	\$118,800.00	\$98,213.32

#### **Part B Total**

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

Part B Total

\$98,213.00

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### **Report Summary**

**Total Expenditures/Disbursements** \$98,213.00

Filing fee (per ORS 297.285)

Total expenditures (Part B total†)	Filing fee
\$0-\$50,000	\$20
\$50,001-\$150,000	\$40

## **Total Due (Filing Fee)**

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 name

Nick Cartwright

Elected official's title

Chair of the Board

Elected official's phone number

(530) 537-5989

**Date** 

11/7/2023

Elected official's email Chair@srfdems.org

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

**Additional Email** 

admin@srfdems.org

**Additional Email** 

Chief@srfdems.org

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.