

Report to Secretary of State
Required Information

Municipal Customer #

Fiscal Year Reported:

First Day

7/1/14

Last Day

6/30/15

1. Meadowview Service District

Name of government (use the official legal name)

2. Mailing Address (Street or PO Box) 230 Strand St

City St Helens

County Columbia

Zip Code 97051

REGISTERED AGENT (ORS 198.340)

3. Name Jennifer Cuellar-Smith Title Treasurer/Fin Dir Address 230 Strand St St Helens, OR 97051

OFFICERS

4. Name Anthony Hyde Title Commissioner Address 230 Strand St St Helens, OR 97051

Name Earl Fisher Title Commissioner Address 230 Strand St St Helens, OR 97051

Name Henry Heimuller Title Commissioner Address 230 Strand St St Helens, OR 97051

Name Title Address

Fidelity or Faithful Performance Bond (ORS 297.435 (2)(c))

5. Name of Company Western Surety Company

6. Name of Person Covered Jennifer Cuellar-Smith Amount (should equal or exceed total money received) 5,000

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

a) Cash (banks, credit unions, county/state investment pools, etc.) \$ 3320.51

b) Other Assets (land, buildings, equipment, vehicles, etc.) \$

c) Accounts payable (e.g. rents, payroll, utilities) \$ 72.73

d) Long-Term Debt (bonds, loans, leases, or other outstanding debt) \$

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 who is responsible for the information described in this report.

8. Signature of elected official

9. Telephone No. 503-397-7252

Title Treasurer

Meadowview Service District

Name of government (use the official legal name)

Fiscal Year Reported:

First Day 7/1/2014

Last Day 6/30/2015

Budgeted and Actual Transactions

	General Fund		Fund		Fund		Total Actual
	Budget	Actual	Budget	Actual	Budget	Actual	
A. Revenue/Receipts							
Property taxes	\$ 381.83	\$ 317.03	\$	\$	\$	\$	\$ 317.03
Charges for services							
Assessments							
Grants (state and federal)							
Long-Term Debt Proceeds							
Other	35	23.51					23.51
Total (A)	\$ 416.83	\$ 340.54	\$	\$	\$	\$	\$ 340.54
B. Payments/Disbursements							
Personal Services	\$	\$	\$	\$	\$	\$	\$
Material and Services	2,600	1,851.76					1,851.76
Capital Outlay							
Debt Service							
Contingencies	1,800						
Other Payments	750	750					750
Total (B)	\$ 5,150	\$ 2,601.76	\$	\$	\$	\$	\$ 2,601.76
C. Transfers Between Funds	\$	\$	\$	\$	\$	\$	\$

Enter Total Payments/Disbursements (Part B above) 2,601.76

If Total Payments/Disbursement (B) exceed \$150,000, the municipality must have an audit or review for this fiscal year (ORS 297.435).

FILING INSTRUCTIONS

This report is due within 90 days from the end of your fiscal year reported.
Please submit the completed report and required filing fee to the following address/email:

Secretary of State - Business Services Division municipalfilings@sos.state.or.us
255 Capitol Street NE, Suite 180
Salem, Oregon 97310

FILING FEE (ORS 297.485)

Expenditures (Item B)		Filing Fee
Over	Not Over	
\$0	\$50,000	\$20.00
\$50,000	\$150,000	\$40.00