



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*: 07/01/2018	Last day*: 06/30/2019
002267 Muni	

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

Ione Library District

Mailing address New or change of address

Street or P.O. box*: PO Box 124

City*: Ione	County*: Morrow	ZIP code*: 97843
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Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
Rebecca Doherty	PO Box 125, Ione OR 97843

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
Margo Sherer	Board Chair	64748 Hwy 74, Ione OR 97843
Betty Rietmann	Vice chair	PO Box 27, Ione OR 97843
Anne Morter	Treasurer	PO Box 21, Ione OR 97843

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

Name of company*: CNA Surety
Name of person(s) covered*: Treasurer
Amount of coverage (should equal or exceed total receipts/revenues [Part A total]): \$75,000

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.):	\$94,186
Other assets (from land, buildings, equipment, vehicles, etc.):	\$27,500
Accounts payable (e.g., to rents, payroll, utilities):	\$1,500
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*:
Anne Morter	08/28/2019	Treasurer
Elected official's printed name*:		Phone number*:
Anne Morter		(541) 571-8237

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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: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$52,000	\$55,192	\$0	\$0			\$55,192
Charges for services			\$0	\$0			\$0
Assessments			\$0	\$0			\$0
Grants (state and federal)	\$10,000	\$3,000	\$0	\$0			\$3,000
Long-term debt proceeds			\$0	\$0			\$0
Other revenues	\$2,120	\$1,660	\$0	\$0			\$1,660
Part A total:							\$59,852

Part B: Expenditures/ disbursements	General operating fund		Fund: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$38,920	\$21,750	\$0	\$0			\$21,750
Material and services	\$24,200	\$22,110	\$0	\$0			\$22,110
Capital outlay	\$5,000	\$0	\$0	\$0			\$0
Debt service		\$0	\$0	\$0			\$0
Contingencies		\$0	\$0	\$0			\$0
Other expenditures		\$0	\$0	\$0			\$0
Part B total*:							\$43,860

Part C: Transfers between funds

Transfer-in	\$ 17,000		\$ 17,000	\$ 20,000			\$ 20,000
Transfer-out		\$ 20,000					\$ 20,000

Report summary

Enter total expenditures/disbursements (Part B total [†])	\$43,860
Filing fee (see table, right)	\$20

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).