



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

copy

Fiscal year reported (MM/DD/YYYY): <input type="checkbox"/> Final report — municipality dissolved	Municipal customer number*:
First day*: 07/01/2020	Last day*: 06/30/2021
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 125

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	385 W. 2nd Street, Ione OR 97843

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
Betty Gray	Board Chair	PO Box 125, Ione OR 97843
Betty Rietmann	Vice Chair	PO Box 27, Ione OR 97843
Anne Morter	Treasurer	66221 Dirt Road, 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.): \$140,367

Other assets (from land, buildings, equipment, vehicles, etc.): \$27,500

Accounts payable (e.g., to rents, payroll, utilities): _____

Long-term debt (from 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 responsible for the information described in this report.

Elected official's signature:	Date (MM/DD/YYYY)*:	Title*:
	08/04/2021	Treasurer
Elected official's printed name*:		Phone number*:
Anne Morter		(541) 571-8237