

Report to Secretary of State
Required Information

Municipal Customer #

Fiscal Year Reported:

First Day

June 9, 2015

Last Day

June 30, 2015

1. Klamath County Extension Service District

Name of government (use the official legal name)

2. Mailing Address (Street or PO Box) 305 Main Street

City Klamath Falls

County Klamath

Zip Code 97601

REGISTERED AGENT (ORS 198.340)

3. Name Jason Link Title Chief Financial Officer Address 305 Main Street, Klamath Falls, OR 97601

OFFICERS

4. Name Tom Mallams Title Director Address 305 Main Street, Klamath Falls, OR 97601

Name Kelley Minty Morris Title Director Address 305 Main Street, Klamath Falls, OR 97601

Name James Bellet Title Director Address 305 Main Street, Klamath Falls, OR 97601

Name Title Address

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

5. Name of Company Special Districts Insurance Service

6. Name of Person Covered Amount (should equal or exceed total money received)

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.) \$ 0.00

b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ 0.00

c) Accounts payable (e.g. rents, payroll, utilities) \$ 0.00

d) Long-Term Debt (bonds, loans, leases, or other outstanding debt) \$ 0.00

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 Tom Mallam

9. Telephone No. 541-883-5100 Title Director

Klamath County Extension Service District

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Budgeted and Actual Transactions

	General Fund		Capital Reserve		Fund		Fund	Total
	Budget	Actual	Budget	Actual	Budget	Actual		
A. Revenue/Receipts								
Property taxes	\$ 0	\$ 0	\$	\$	\$	\$	\$	\$ 0
Charges for services								
Assessments								
Grants (state and federal)								
Long-Term Debt Proceeds								
Other			0	0				0
Total (A)	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$	\$	\$ 0
B. Payments/Disbursements								
Personal Services	\$	\$	\$	\$	\$	\$	\$	\$
Material and Services	0	0						0
Capital Outlay			0	0				0
Debt Service								
Contingencies								
Other Payments								
Total (B)	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$	\$	\$ 0
C. Transfers Between Funds	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$	\$	\$ 0

Enter Total Payments/Disbursements (Part B above) 0

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