



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
000758MUNI	

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

LOOKINGGLASS RURAL FIRE DISTRICT

Mailing address New or change of address

Street or P.O. box*: 7173 LOOKINGGLASS ROAD

City*: ROSEBURG County*: DOUGLAS ZIP code*: 97471

Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
ROBERT NOBRIGA	7173 LOOKINGGLASS RD ROSBURG, OR 97471

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
ALLAN SMITH	VICE PRESIDENT	7173 LOOKINGGLASS RD ROSEBURG OR 97471
BRENDA EPP	SECRETARY	7173 LOOKINGGLASS RD ROSEBURG OR 97471
BILL STARNES	TREASURER	7173 LOOKINGGLASS RD ROSEBURG OR 97471
JERRY HARRIS	COMMUNICATIONS	7173 LOOKINGGLASS RD ROSEBURG OR 97471

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

Name of company*: SDIS #30PJ8061-4994

Name of person(s) covered*: REGISTERED AGENT AND ALL OFFICERS

Amount of coverage (should equal or exceed total receipts/revenues [Part A total])*: \$100,000

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.): \$222,346

Other assets (from land, buildings, equipment, vehicles, etc.): \$1,262,440

Accounts payable (e.g., to rents, payroll, utilities): \$0

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*:
ROBERT NOBRIGA	08/30/2019	BOARD PRESIDENT
Elected official's printed name*:		Phone number*:
ROBERT NOBRIGA		(541) 679-5555

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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: Equipment Fund		Fund: Grant Fund		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$67,933	\$70,003					\$70,003
Charges for services	\$1,500	\$0					\$0
Assessments							\$0
Grants (state and federal)	\$1,750	\$3,500			\$412,763	\$9,977	\$13,477
Long-term debt proceeds							\$0
Other revenues	\$140	\$148	\$200	\$200	\$243		\$348
Part A total:							\$83,828

Part B: Expenditures/ disbursements	General operating fund		Fund: Equipment Fund		Fund: Grant Fund		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services							\$0
Material and services	\$53,786	\$44,092					\$44,092
Capital outlay	\$7,500	\$11,591	\$57,331	\$11,483	\$412,763	\$9,977	\$33,051
Debt service							\$0
Contingencies	\$40,000	\$0	\$10,000	\$0			\$0
Other expenditures							\$0
Part B total*:							\$77,143

Part C: Transfers between funds							
Transfer-in			\$ 43,102	\$ 43,438			\$ 43,438
Transfer-out	\$ 43,102	\$ 43,438					\$ 43,438

Report summary

Enter total expenditures/disbursements (Part B total ¹)	\$77,143
Filing fee (see table, right)	\$40

Filing fee (per ORS 297.285)

Total expenditures (Part B total ¹)	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.
¹If 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).