



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*: 07/01/2019 Last day*: 06/30/2020	1620

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

Langlois Public library

Mailing address New or change of address

Street or P.O. box*: PO Box 277

City*: Langlois

County*: Curry

ZIP code*: 97450

Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
Denise Willms	48234 Oregon Coast Hwy. Langlois OR 97450

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
Susan Orbom	Board Chair	Po Box 204 Langlois OR 97450
Sandie McDonald	Treasurer	47933 Floras Lake Loop Langlois OR 97450
Carol Waxham	Vice Chair	PO Box 154 Langlois OR 97450

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

Name of company*: Travelers Casualty and Surety Co.
Name of person(s) covered*: Denise Willms
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.):	\$67,218
Other assets (from land, buildings, equipment, vehicles, etc.):	\$418,043
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*:
	9/16/2020	Board Chair
Elected official's printed name*:	Phone number*:	
Susan J. Orbom	(541) 348-2021	

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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:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$79,868	\$84,256					\$84,256
Charges for services	\$1,000	\$839					\$839
Assessments	\$0	\$0					\$0
Grants (state and federal)	\$3,500	\$12,373					\$12,373
Long-term debt proceeds	\$0	\$0					\$0
Other revenues	\$5,900	\$7,562					\$7,562
Part A total:							\$105,030

Part B: Expenditures/ disbursements	General operating fund		Fund:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$10,763	\$20,192					\$20,192
Material and services	\$53,851	\$44,530					\$44,530
Capital outlay	\$0	\$0					\$0
Debt service	\$0	\$0					\$0
Contingencies	\$1,000	\$29					\$29
Other expenditures	\$0	\$0					\$0
Part B total*:							\$64,751

Part C: Transfers between funds

Transfer-in							
Transfer-out							

Report summary

Enter total expenditures/disbursements (Part B total ¹)	\$64,751
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).