

Report to Secretary of State  
Required Information

Fiscal Year Reported: First Day 7/1/07, Last Day 6/30/08

1. Florence Urban Renewal Agency  
Name of government (use the official legal name)

2. 250 Highway 101 Florence Lane 97439  
Mailing Address (Street or PO Box) City County Zip Code

3. REGISTERED AGENT (ORS 198.340)  
Nola Xavier Chair 250 Highway 101, Florence 97439  
Name Title Mailing Address (same as district's official office) Zip Code

4. OFFICERS  
Nola Xavier Chair 250 Highway 101, Florence, 97439  
Name Title Address  
Mike Webb Vice Chair 1355 Highway 101, Florence 97439  
Name Title Address  
David Armstrong Budget Officer 250 Highway 101, Florence, 97439  
Name Title Address

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

5. N/A  
Name of Company

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.) \$ 98,794.38
  - b) **Other Assets** (land, buildings, equipment, vehicles, etc.) \$ 0
  - c) **Accounts payable** (e.g. rents, payroll, utilities) \$ 0
  - d) **Long-Term Debt** (bonds, loans, leases, or other outstanding debt) \$ 0

I hereby certify that the above information and the budgeted and actual transaction totals noted on the following page(s) are true and correct to the best of my knowledge and belief.

8. Nola Xavier  
Signature of elected official  
9. 541-997-3436 Chairman FLRA  
Telephone No. Title

RECEIVED DEPOSITIES

Date	Initial
2008 11-9-09	smc
2008 11-9-09	smc
2008 11-17-09	km

\$20  
11-9-09  
B38-1

Name of Government: Florence Urban Renewal Agency  
 Fiscal Year Reported: First Day 7/1/07, Last Day 6/30/08

**Budgeted and Actual Transactions**

	General Fund		Fund		Fund		Total
	Budget	Actual	Budget	Actual	Budget	Actual	Actuals
<b>A. Revenues/Receipts</b>							
▪ Property taxes	130,000	98,794					
▪ Charges for services							
▪ Assessments							
▪ Grants (state and federal)							
▪ Long-Term Debt Proceeds							
▪ Other							
<b>TOTAL (A)</b>	<b>130,000</b>	<b>98,794</b>					
<b>B. Payments/Disbursements</b>							
▪ Personal Services							
▪ Material and Services	58,000	0					
▪ Capital Outlay							
▪ Debt Service							
▪ Contingencies	25,000	0					
▪ Other Payments	47,000	0					
<b>TOTAL (B)</b>	<b>130,000</b>	<b>0</b>					
<b>C. Transfers Between Funds</b>	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:

Secretary of State  
 Oregon Audits Division  
 255 Capitol Street, NE, 5<sup>th</sup> Floor  
 Salem, Oregon 97310

**FILING FEE (ORS 297.485)**

Expenditures (Item B)		Filing
Over	Not Over	Fee
\$ 0	\$ 50,000	\$ 20
\$ 50,000	\$ 150,000	\$ 40