

AUDITS Date Initial
 RCVD 2-16-10 SMC
 MUNI # 2066-2009
 DIS 2-16-10 SMC
 MUNI 2-17-10 KM

Report to Secretary of State
 Required Information

Fiscal Year Reported: First Day 7/1/08, Last Day 6/30/09

SCANNED
 GOVT TYPE
 SD CO & #
 COMMENTS

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

REGISTERED AGENT (ORS 198.340)

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

OFFICERS

4. Nola Xavier Chair 250 Highway 101 Florence 97439
 Name Title Address
Mike Webb Vice Chair 250 Highway 101 Florence 97439
 Name Title Address
Robert Willoughby Budget Off 250 Highway 101, Florence, 97439
 Name Title Address

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

5. Western Surety Company
 Name of Company
 6. Robert Willoughby \$50,000
 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.) \$ 243,953.90
 b) Other Assets (land, buildings, equipment, vehicles, etc.) \$ 0
 c) Accounts payable (e.g. rents, payroll, utilities) \$ 3,508.74
 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. 541-997-5276 Chairperson FURA
 Telephone No. Title

Name of Government: Florence Urban Renewal Agency
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Budgeted and Actual Transactions

	General Fund		Debt Serv Fund		Fund		Total
	Budget	Actual	Budget	Actual	Budget	Actual	Actuals
A. Revenues/Receipts							
▪ Property taxes	165,000	177,745					
▪ Charges for services							
▪ Assessments							
▪ Grants (state and federal)							
▪ Long-Term Debt Proceeds							
▪ Other <u>Line of Credit</u>	0	99,000					
TOTAL (A)	165,000	276,745	0	0			
B. Payments/Disbursements							
▪ Personal Services							
▪ Material and Services	31,000	30,734					
▪ Capital Outlay							
▪ Debt Service			0	100,045			
▪ Contingencies	54,000	0					
▪ Other Payments	80,000	0					
TOTAL (B)	165,000	30,734	0	100,045			
C. Transfers Between Funds		100,045					

Enter Total Payments/Disbursements (Part B above) \$ 130,779

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, 5th 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