



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

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Fiscal year reported (MM/DD/YYYY): <input type="checkbox"/> Final report — municipality dissolved	Municipal customer number*:
First day*: 07/01/2022 Last day*: 06/30/2023	003572MUNI

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

City of St. Helens Urban Renewal Agency

Mailing address New or change of address

Street or P.O. box*: 265 Strand St.

City*: St. Helens	County*: Columbia	ZIP code*: 97051
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Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
John Walsh	265 Strand St., St. Helens, OR 97051

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
See attached		

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

Name of company*: Propeller, Inc. (agent)

Name of person(s) covered*: John Walsh

Amount of coverage (should equal or exceed total receipts/revenues [Part A total])*:

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.): \$1,866,506

Other assets (from land, buildings, equipment, vehicles, etc.): 32,107

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

Long-term debt (from bonds, loans, leases or other outstanding debt):

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*:
		Mayor
Elected official's printed name*:		Phone number*:
Rick Scholl		503-366-8211

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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	757,000	1,050,689					1,050,689
Charges for services							\$0
Assessments							\$0
Grants (state and federal)							\$0
Long-term debt proceeds							\$0
Other revenues	0	46,710					46,710
Part A total:							\$1,097,399

Part B: Expenditures/ disbursements	General operating fund		Fund:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services							\$0
Material and services							\$0
Capital outlay							\$0
Debt service							\$0
Contingencies							\$0
Other expenditures							\$0
Part B total*:							\$0

Part C: Transfers between funds

Transfer-in							
Transfer-out							

Report summary

Enter total expenditures/disbursements (Part B total*)	\$0
Filing fee (see table, right)	\$20

Filing fee (per ORS 297.285)

Total expenditures (Part B total*)	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@sos.oregon.gov

*This is a required field.

†If 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).

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