

RECEIVED

JUN 25 2024



Special Districts Association of Oregon

Membership Update Form

Port Of Umpqua

Contact Information

Please review your district's current key contact information listed below, and make any updates if necessary.

Table with 2 columns: Key Contact, Changes to Key Contact Information. Includes fields for Name, Title, Mailing Address, Work Phone, Mobile Phone, Home Phone, and Email.

Additional Information: Complete or make corrections to the following required information if needed.

Number of District Employees: 3 Attorney Name: Speer Hoyt, LLC
Number of District Volunteers: 0 Auditor Name: Grimstad & Assoc.

Budget Information

Your district's 2024-2025 budget information is required for calculating your SDIS property/casualty insurance contribution and/or SDAO membership dues. For help completing the budget information, refer to your district's LB-1 form. If your district does not file an LB-1, please refer to your budget. Upon completion, please return this form to SDAO with a copy of your LB-1 or budget.

Line Item 9. FY 2024-2025 Budgeted Personnel Services: \$ 185500
All salaries, fringe benefits, and other costs associated with salaries.

Line Item 10. FY 2024-2025 Budgeted Materials and Supplies: \$ 300500
Services, materials, supplies, and other miscellaneous charges. This does not include any pass-through funds such as wholesale power and water purchasing costs, if applicable, or funds for capital constructions or improvements.

Line Item 14. FY 2024-2025 Budgeted Contingencies: \$ 34065
Amount set aside for unforeseen events in the budgeted year.
Total of line items 9, 10, and 14 above. \$ 847065

Please return your completed form to SDAO Member Services

Mail: PO Box 12613 Salem, OR 97309-0613

Fax: 503-371-4781

Email: memberservices@sdao.com

Port Of Umpqua

Your district's current SDAO roster is listed below. Please review each contact and update their information as needed. You may update directly on this form.

SDAO periodically sends communications to all individuals listed with your district. **Please provide an email address for each contact.** If you need to remove an individual, please check the 'Remove From Roster' box.

Name: Eric Boe

Work: 541-271-2232

Title: Board Member

Home: 541-297-1217

Address:

Fax: 541-271-2747

PO Box 1601

Winchester Bay, OR 97467

Email: ejmboe@charter.net

UNITED STATES



Remove From Roster

Communication Preference: Mail

PC Claims Contact: No

WC Claims Contact: No

HR Contact: No

Risk Management Contact: No

Facilities Contact: No

IT Contact: No

Name: Karen Halstead

Work: 541-271-2232

Title: Administrative Assistant

Home:

Address:

Fax: 541-271-2747

PO Box 388

Reedsport, OR 97467-0388

Email: portofumpqua@portofumpqua.net

UNITED STATES

Remove From Roster

Communication Preference: EMail

PC Claims Contact: No

WC Claims Contact: No

HR Contact: No

Risk Management Contact: No

Facilities Contact: No

IT Contact: No

Name: Carey Jones

Work: 541-271-2232

Title: Commissioner

Home:

Address:

Fax: 541-271-2747

PO Box 388

Reedsport, OR 97467

Email: diamond3jranch@gmail.com

UNITED STATES

Remove From Roster

Communication Preference: EMail

PC Claims Contact: No

WC Claims Contact: No

HR Contact: No

Risk Management Contact: No

Facilities Contact: No

IT Contact: No

Name: Scott Kent

Work: 541-271-2232

Title: District Manager

Home:

Address:

Fax:

PO Box 388

Reedsport, OR 97467

Email: skent@portofumpqua.net

UNITED STATES

Remove From Roster

Communication Preference: EMail

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Joe Mulkey
Title: Commissioner
Address:
1877 Winchester Ave
Reedsport, OR 97467
UNITED STATES

Work: 541-271-2232
Home:
Fax: 541-271-2747
Email: pacificchallenger@gmail.com

Remove From Roster

Communication Preference: EMail

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Keith Tymchuk
Title: Board Member
Address:
1405 Ranch Road
Reedsport, OR 97467
UNITED STATES

Work: 541-662-0332
Home: 541-271-4670
Fax: 541-271-2143
Email: ktymchuk@reedsport.k12.or.us

Remove From Roster

Communication Preference: EMail

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Deborah Yates
Title: Commissioner
Address:
PO Box 444
Reedsport, OR 97467
UNITED STATES

Work: 541-270-1686
Home:
Fax: 541-271-2747
Email: daypubs@gmail.com

Remove From Roster

Communication Preference: MailEmail

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

District Name: PORT OF IMPROVA

Please provide us with the names of board members, district managers or those that should be receiving SDAO communications that are **not already listed** on the enclosed update sheet.

Name: <u>EANDY DEVAL</u>		Work Phone: _____	
Title: <u>TREASURER</u>		Home or Cell Phone: <u>541-291-3287</u>	
Mailing Address: <u>1833 DEAN CR. SE</u>		Fax: _____	
City: <u>REDFORT</u> State: <u>OR</u> Zip: <u>97167</u>		E-mail: <u>Ltanner97633@gmail.com</u>	
Contact Preference: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both			
Please mark all applicable for person named above:			
<input type="checkbox"/> Key Contact for SDAO	<input type="checkbox"/> PC Claims Contact		
<input checked="" type="checkbox"/> Board Member	<input type="checkbox"/> Workers' Compensation Claims Contact		
<input type="checkbox"/> Employee	<input type="checkbox"/> Risk Management Contact		
<input type="checkbox"/> District Manager	<input type="checkbox"/> HR Contact		
<input type="checkbox"/> Business Manager/CFO	<input type="checkbox"/> Facilities Contact		
Name: <u>DONNA TRAIN</u>		Work Phone: _____	
Title: <u>SECRETARY</u>		Home or Cell Phone: <u>541-271-5317</u>	
Mailing Address: <u>193 THORNTON OAK LN</u>		Fax: _____	
City: <u>REDFORT</u> State: <u>OR</u> Zip: <u>97167</u>		E-mail: <u>donnaachooch@yahoo.com</u>	
Contact Preference: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both			
Please mark all applicable for person named above:			
<input type="checkbox"/> Key Contact for SDAO	<input type="checkbox"/> PC Claims Contact		
<input checked="" type="checkbox"/> Board Member	<input type="checkbox"/> Workers' Compensation Claims Contact		
<input type="checkbox"/> Employee	<input type="checkbox"/> Risk Management Contact		
<input type="checkbox"/> District Manager	<input type="checkbox"/> HR Contact		
<input type="checkbox"/> Business Manager/CFO	<input type="checkbox"/> Facilities Contact		
Name: _____		Work Phone: _____	
Title: _____		Home or Cell Phone: _____	
Mailing Address: _____		Fax: _____	
City: _____ State: _____ Zip: _____		E-mail: _____	
Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both			
Please mark all applicable for person named above:			
<input type="checkbox"/> Key Contact for SDAO	<input type="checkbox"/> PC Claims Contact		
<input type="checkbox"/> Board Member	<input type="checkbox"/> Workers' Compensation Claims Contact		
<input type="checkbox"/> Employee	<input type="checkbox"/> Risk Management Contact		
<input type="checkbox"/> District Manager	<input type="checkbox"/> HR Contact		
<input type="checkbox"/> Business Manager/CFO	<input type="checkbox"/> Facilities Contact		