 PUBLIC UTILITY COMMISSION OF OREGON

PO BOX 1088, SALEM, OR 97308-1088

[PUC.FilingCenter@puc.oregon.gov](mailto:PUC.FilingCenter@puc.oregon.gov)

**BUDGET OF EXPENDITURES REPORT FOR THE YEAR**

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| 1.  2.  3.  4.  5.  6.  7. | **GENERAL INSTRUCTIONS**  A Budget of Expenditures Report must be submitted by all utilities operating within the State of Oregon in accordance with Oregon Revised Statute 757.105.  The Budget of Expenditures Report should be completed and filed with the Public Utility Commission of Oregon Filing Center. Complete the e-Filing Report Cover Sheet found at:  <https://www.oregon.gov/puc/forms/Forms%20and%20Reports/efiling-report-cover-sheet-FM050.pdf>. Email both the report and cover sheet to [PUC.FilingCenter@puc.oregon.gov](mailto:PUC.FilingCenter@puc.oregon.gov) no later than March 31st.  Each section should be completed fully and accurately. Where the words “None” or “Not Applicable” truly and completely state the fact, they should be given as the answer.  Any additional statements or explanatory remarks should be included in the email as an attachment in Microsoft Word document format or text-searchable PDF.  Expenditures should be referenced by the applicable account number of the Uniform System of Accounts, adopted by the Commission, and to which the utility is subject.  All entries should be typewritten or made with permanent ink.  Report all amounts in whole dollars only, omit cents. | | | | | | | |
| FULL NAME OF UTILITY | | | | | | | | |
| ADDRESS OF PRINCIPAL OFFICE | | | | CITY | | STATE | | ZIP CODE |
| ADDRESS OF PRINCIPAL OFFICE IN OREGON (IF OTHER THAN ABOVE) | | | | CITY | | STATE | | ZIP CODE |
| STATE OF INCORPORATION | | | DATE OF INCORPORATION | TYPE OF ORGANIZATION IF NOT INCORPORATED | | | | DATE ORGANIZED |
| STATE THE CLASSES OF UTILITY AND OTHER SERVICES FURNISHED BY THE UTILITY IN EACH STATE IN WHICH THE UTILITY OPERATES | | | | | | | | |
| **DIRECTORS AT DATE OF BUDGET** | | | | | | | | |
| NAME OF DIRECTOR | | CITY AND STATE OF RESIDENCE | | | LENGTH OF TERM | | TERM EXPIRES | |
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| ANNUAL SALARY AND OTHER COMPENSATION OF OFFICERS AND RETIRED EXECUTIVES | | | | | |
| **INSTRUCTIONS**: Complete the information requested for each active and retired Executive Officer. An Executive Officer’s salary and other compensation paid by an affiliated company should also be shown. An Executive Officer directs or controls the policies and business of the utility or is entrusted or charged with administrative duties to carry those policies into effect. All proposed changes in position and salaries of Executive Officers from the previous Budget of Expenditures Report or supplemental budgets should be fully explained. Please report bonus information for the bonus earned the prior year but forecast to be paid in the budget year. Report whole dollars only. | | | | | |
| NAME | | | TITLE | | |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1  2  3    4  5  6  7  8  9  10  11  12  13  14  15  16 | Annual Salary  Amount Assigned to Oregon  Medical and Dental Insurance  Life and Disability Insurance  Income Protection Insurance  Discount on Utility Service  Pension Plan  Savings Plan  Stock Purchase Plan  Paid Parking  Memberships  Other Benefits  Total Other Compensation  Percent Assigned to Oregon  Deferred Comp. In Salary  Bonus Paid in Prior Year |  |  |  |  |
| NAME | | | TITLE | | |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1  2  3    4  5  6  7  8  9  10  11  12  13  14  15  16 | Annual Salary  Amount Assigned to Oregon  Medical and Dental Insurance  Life and Disability Insurance  Income Protection Insurance  Discount on Utility Service  Pension Plan  Savings Plan  Stock Purchase Plan  Paid Parking  Memberships  Other Benefits  Total Other Compensation  Percent Assigned to Oregon  Deferred Comp. In Salary  Bonus Paid in Prior Year |  |  |  |  |
| NAME | | | TITLE | | |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16 | Annual Salary  Amount Assigned to Oregon  Medical and Dental Insurance    Life and Disability Insurance  Income Protection Insurance  Discount on Utility Services  Pension Plan  Savings Plan  Stock Purchase Plan  Paid Parking  Memberships  Other Benefits  Total Other Compensation  Percent Assigned to Oregon  Deferred Comp. In Salary  Bonus Paid in Prior Year |  |  |  |  |

DONATIONS AND MEMBERSHIPS

**INSTRUCTIONS**: List all donations and membership expenditures proposed to be made by the utility during the coming year and the accounts to be charged. Give the name of each organization to whom a payment is to be made except that items less than $1000 may be consolidated by category stating the number of organizations included. Group expenditures under headings such as:

1. Contributions to and memberships in charitable organizations
2. Organizations of the utility industry
3. Technical and professional organizations
4. Commercial and trade organizations
5. All other organizations and kinds of donations and contributions

List by type and group the accounts charged. Report whole dollars only. Provide a total for each group.

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| NAME OF ORGANIZATION, CITY AND STATE | ACCOUNT NUMBER | TOTAL AMOUNT | AMOUNT ASSIGNED  TO OREGON |
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| EXPENDITURES FOR PENSIONS OR A TRUST TO PROVIDE PENSIONS | | | |
| I**NSTRUCTIONS**: List all proposed payments to persons or trusts to provide pensions for employees and officers. Show all administrative and actuarial costs for formal pension plan. Give a brief description of the plan and show charges for current service costs, past service costs, and future service costs. Report whole dollars only. | | | |
| PENSION FUND PAYMENTS MADE TO | ACCOUNT NUMBER | TOTAL AMOUNT | AMOUNT ASSIGNED TO OREGON |
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| POLITICAL ADVERTISING |
| **INSTRUCTIONS**: List all proposed payments for advertising the purpose of which is to aid or defeat any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. Give the specific purpose of such advertising, when and where to be placed, and the account or accounts to be charged. Report who dollars only. |
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| POLITICAL CONTRIBUTIONS |
| **INSTRUCTIONS**: List all proposed payments or contributions to persons and organizations for the purpose of aiding or defeating any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. The purpose of all contributions or payments should be clearly explained. Report whole dollars only. |
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| EXPENDITURES AND MAJOR CONTRACTS FOR THE PURCHASE OR SALE OF EQUIPMENT | | | |
| I**NSTRUCTIONS**: List all proposed expenditures and major contracts for the purchase or sale of equipment. Give the name and address of the person or organization with whom it is proposed to have such dealings and the account or accounts charged. Describe fully the equipment to be purchased or sold. Do not report estimates of routine construction projects. Limit the report to major contracts and expenditures. Report whole dollars only. | | | |
| NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF EQUIPMENT | ACCOUNT NUMBER | TOTAL AMOUNT | AMOUNT ASSIGNED TO OREGON |
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| EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICES, ETC. | | | |
| I**NSTRUCTIONS**: Report all proposed expenditures to any person or organization having an affiliated interest for service. Advice, auditing, association, sponsoring, engineering, managing, operating, financial, legal or other services. See Oregon Revised Statutes 757.015 and 759.010 for definition of “Affiliated Interest.” Give reference if such proposed expenditures have in the past been approved by the Commission. Describe the services to be received and the account or accounts to be charged. Report whole dollars only. | | | |
| NAME AND ADDRESS OF PERSON OR ORGANIZATION. DESCRIPTION OF SERVICES | ACCOUNT NUMBER | TOTAL AMOUNT | AMOUNT ASSIGNED TO OREGON |
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| CERTIFICATION |
| The foregoing report must be certified by an Officer of the reporting company. |

I certify that this Budget of Expenditures Report has been prepared under my direction, that I have carefully examined the report and declare it to be a complete and correct estimate of company expenditures for the coming year, to the best of my knowledge, information, and belief.

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| SIGNATURE OF OFFICER | DATE |
| NAME OF OFFICER | DATE |