

# ANNUAL REPORT OF MUNICIPAL FINANCES

**DUE:** at time of audit filing

## INSTRUCTIONS

The municipality's auditor is to file this report as required by Oklahoma Statutes, Title 11, Section 17-105.1.

See additional instructions, as well as information about the coverage of this report, on the following page.

**FILE:** with State Auditor & Inspector at [www.SAI.OK.gov](http://www.SAI.OK.gov)

**FISCAL YEAR:**

**MUNICIPALITY:**

Name

TOWN OF CROMWELL, OKLAHOMA

Address (including Town/City and Zip Code)

P.O. BOX 30, Cromwell, OK 74837

Phone Number 405-944-5333 Email Address townhall@townofcromwellok.org

**REVENUES:** Report monies available to the municipality and to any duly constituted authorities of the municipality.

Amount  
(Omit cents)

**EXPENDITURES:** Report monies used by the municipality and by any duly constituted authorities of the municipality.

Amount  
(Omit cents)

|                                      |            |
|--------------------------------------|------------|
| 1. Taxes: .....                      | \$ 50,412  |
| 2. Intergovernmental: .....          | \$ 5,213   |
| 3. Charges for services: .....       | \$ 0       |
| 4. Fines and Forfeitures: .....      | \$ 0       |
| 5. Licenses and Permits: .....       | \$ 7,081   |
| 6. Investment income: .....          | \$ 77      |
| 7. Grants: .....                     | \$ 53,524  |
| 8. Utility-related income: .....     | \$ 39,354  |
| 9. Miscellaneous: .....              | \$ 24,254  |
| 10. Other: Building Rental .....     | \$ 1,700   |
| 11. Other: Donations .....           | \$ 3,450   |
| 12. Other: Fundraiser Proceeds ..... | \$ 1,664   |
| 13. Other: Insurance Proceeds .....  | \$ 13,414  |
| 14. Other: .....                     | \$         |
| 15. Other: .....                     | \$         |
| 16. Other: .....                     | \$         |
| 17. Other: .....                     | \$         |
| 18. Other: .....                     | \$         |
| 19. Other: .....                     | \$         |
| 20. Other: .....                     | \$         |
| <b>TOTAL:</b> .....                  | \$ 200,143 |

|                                       |            |
|---------------------------------------|------------|
| 1. General Government: .....          | \$ 187,781 |
| 2. Streets: .....                     | \$ 135     |
| 3. Public Safety: .....               | \$         |
| 4. Cemetery: .....                    | \$         |
| 5. Culture and Recreation: .....      | \$         |
| 6. Airport: .....                     | \$         |
| 7. Interest: .....                    | \$         |
| 8. Water: .....                       | \$         |
| 9. Sewer: .....                       | \$         |
| 10. Sanitation: .....                 | \$ 42,239  |
| 11. Economic Development: .....       | \$         |
| 12. Other: Bill Tilghman Day .....    | \$ 3,369   |
| 13. Other: Fire Dept Fund .....       | \$ 14,786  |
| 14. Other: Fire Dept Fundraiser ..... | \$ 820     |
| 15. Other: .....                      | \$         |
| 16. Other: .....                      | \$         |
| 17. Other: .....                      | \$         |
| 18. Other: .....                      | \$         |
| 19. Other: .....                      | \$         |
| 20. Other: .....                      | \$         |
| <b>TOTAL:</b> .....                   | \$ 249,130 |

Additional information (if any)

**AUDITOR/ AUDIT FIRM:**

Name

Patti J. Clift CPA

Name of contact person (for audit firm)

Patti J. Clift CPA

Address (including Town/City and State and Zip Code)

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