



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

FY 2011
ANNUAL REGISTRY REPORT
NEW UNIT REGISTRATION FORM

Please return completed reports to:
Office of the Comptroller
Local Government Division
100 W. Randolph Street, Suite 15-500
Chicago, IL 60601-3252
(877) 304-3899

Unit Name: Clark-Eogear Luke Water District County: Clark State: Illinois Unit Code: 012/005/37

I attest that, to the best of my knowledge, this report represents the complete and accurate registration information of the government at the end of this reporting year.

Juan Rios

Written signature of government official

8/22/2012

Date

Print Name: Lisa Rigan

Title: Contract Person

PLEASE CROSS OUT ALL INCORRECT INFORMATION AND PROVIDE CORRECTIONS

RECEIVED

STEP 1: ENTER CONTACT INFORMATION

AUG 22 2012

Is the following information correct and complete? Yes No

If the Chief Executive Officer and the Chief Financial Officer are the same person as the Contact Person, please check this box and skip to Step 2. If not, please do not leave columns B and C blank.

A. Contact person (elected or appointed official responsible for filling out this form):		B. Chief Executive Officer (elected or appointed official responsible for the executive administration, i.e. mayor, supervisor, or chairman):		C. Chief Financial Officer (elected or appointed official responsible for maintaining the government's financial records):	
First: <u>Lisa</u>	Last: <u>Rigan</u>	First: <u>Thomas</u>	Last: <u>Jones</u>	First: <u>Lisa</u>	Last: <u>Rigan</u>
Title: <u>Office Manager / Bookkeeper</u>	Title: <u>Chairman of the Board</u>	Title: <u>Office Manager / Bookkeeper</u>	Title: <u>Office Manager / Bookkeeper</u>	Title: <u>Office Manager / Bookkeeper</u>	Title: <u>Office Manager / Bookkeeper</u>
Add: <u>475 IL Hwy 1</u>	Add: <u>475 IL Hwy 1</u>	Add: <u>475 IL Hwy 1</u>	Add: <u>475 IL Hwy 1</u>	Add: <u>475 IL Hwy 1</u>	Add: <u>475 IL Hwy 1</u>
City: <u>Marshall</u>	City: <u>Marshall</u>	City: <u>Marshall</u>	City: <u>Marshall</u>	City: <u>Marshall</u>	City: <u>Marshall</u>
State: <u>IL</u>	State: <u>IL</u>	State: <u>IL</u>	State: <u>IL</u>	State: <u>IL</u>	State: <u>IL</u>
Zip: <u>62441</u>	Zip: <u>62441</u>	Zip: <u>62441</u>	Zip: <u>62441</u>	Zip: <u>62441</u>	Zip: <u>62441</u>
Phone: <u>217-463-5888</u>	Phone: <u>217-463-5888</u>	Phone: <u>217-463-5888</u>	Phone: <u>217-463-5888</u>	Phone: <u>217-463-5888</u>	Phone: <u>217-463-5888</u>
Ext.: <u></u>	Ext.: <u></u>	Ext.: <u></u>	Ext.: <u></u>	Ext.: <u></u>	Ext.: <u></u>
Fax: <u>217-463-5115</u>	Fax: <u>217-463-5115</u>	Fax: <u>217-463-5115</u>	Fax: <u>217-463-5115</u>	Fax: <u>217-463-5115</u>	Fax: <u>217-463-5115</u>
E-mail: <u>Clarkedgarwater@yahoo.com</u>	E-mail: <u>Clarkedgarwater@yahoo.com</u>	E-mail: <u>Clarkedgarwater@yahoo.com</u>	E-mail: <u>Clarkedgarwater@yahoo.com</u>	E-mail: <u>Clarkedgarwater@yahoo.com</u>	E-mail: <u>Clarkedgarwater@yahoo.com</u>



UNIT NAME:
Unit Code Number:

➤ STEP 2: VERIFY FISCAL YEAR END

FY END DATE: 4/30/2011

If the fiscal year end date, listed above, is incorrect, cross out the incorrect date and provide the correct date. Official documentation of this change must be sent with this report before the fiscal year end date can be changed.

➤ STEP 3: POPULATION, EAV, AND EMPLOYEES

^What is the total population/school enrollment of the government? \$ 174,187,401

What is the total EAV of the government?

^Or provide estimated population

➤ STEPS 4 AND 5: COMPONENT UNITS AND APPROPRIATIONS

Provide the appropriation for the primary government listed in the first row of the table below.

In the remaining rows, provide the names of all component units along with their appropriation. Indicate if the component units are blended or discretely presented, its fiscal year end date and if the component unit was funded with governmental fund types or enterprise fund types. If the component units are already indicated, that data is based on previously submitted forms. If you have more component units than the rows provided below, please indicate them on an attachment.

Name of Unit/Component FUNDS SHOULD NOT BE LISTED HERE*	Appropriation [^]	Type of Component Unit (Blended or Discretely Presented)	Fiscal Year End	Enterprise Fund Type or Governmental Fund Type
<i>Water District</i>	\$ 1,170,341	NA	4/30/2011	ENTERPRISE
	\$		1/1/2011	
	\$		1/1/2011	
Total Appropriations	\$			

^If the Primary Government or Component Unit does NOT budget or levy taxes, please enter the unit's TOTAL EXPENDITURES.

UNIT NAME:
Unit Code Number:
STEP 6: REPORTING

Check any state or local entity where financial reports are filed.

STATE AGENCIES	
- Board of Education	- Board of Higher Education
- DCEO	- Department of Insurance
OTHER STATE OR LOCAL OFFICES	
<input checked="" type="checkbox"/> - Illinois Comptroller	- Secretary of State
- General Assembly - House	- General Assembly - Senate
<input checked="" type="checkbox"/> - County Clerk	- Circuit Clerk
- Governor's Office	- Other -