

As of March 31, 2026

LGIP Report

Opening Balance	\$490,706.39	
Debits	\$0.00	
Credits	\$2,992.26	Taxes
Closing Balance	\$493,698.65	

Pioneer Trust Bank

Opening Balance	\$9,684.08
Debits	\$3,862.65
Credits	\$2.37
Closing Balance	\$5,823.80

Outstanding	\$1,288.00	4535.80	\$5,823.80
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		Check #
MM	\$200.00	2392
LWC	\$453.00	2393
Affordable Storage	\$635.00	2394

1. Visa Prepaid Card (w/ Treasure)

Opening Balance	\$	7.70
Closing Balance	\$	7.70

2. Visa Prepaid Card (w/ Treasure)

Opening Balance	\$	463.05
Feb/April IndyCommons	\$	60.00
Closing Balance	\$	403.05

Totals	\$499,530.15
Net Increase from Previous Mo	-\$868.02



PIONEER TRUST BANK

Statement Ending 03/31/2026

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PO BOX 2305, SALEM, OR 97308

>001520 5816117 0001 92430 10Z

ASH CREEK WATER CONTROL DIST
PO BOX 81
INDEPENDENCE OR 97351-0081

00449578
F102



Managing Your Accounts

- Branch Name Pioneer Trust Bank, N.A.
- Phone Number 888-960-3136
- Mailing Address 109 Commercial ST NE
Salem, OR 97301
- Online Access www.pioneertrustbank.com

Summary of Accounts

Account Type	Account Number	Ending Balance
NONPERSONAL INT CHKG	XXXXX9626	\$5,823.80

NONPERSONAL INT CHKG - XXXXX9626

Account Summary

Date	Description	Amount
02/28/2026	Beginning Balance	\$9,684.08
	1 Credit(s) This Period	\$2.37
	6 Debit(s) This Period	\$3,862.65
03/31/2026	Ending Balance	\$5,823.80

Interest Summary

Description	Amount
Interest Earned From 02/28/2026 Through 03/31/2026	
Annual Percentage Yield Earned	0.30%
Interest Days	32
Interest Earned	\$2.37
Interest Paid This Period	\$2.37
Interest Paid Year-to-Date	\$7.51

Account Activity

Post Date	Description	Debits	Credits	Balance
02/28/2026	Beginning Balance			\$9,684.08
03/03/2026	ASCENSION ACCOUN SALE	\$58.50 ✓		\$9,625.58
03/04/2026	ASCENSIONACCOUNT ASCENSIONA ST-G2K7T5E4N6K7	\$290.20 ✓		\$9,335.38
03/17/2026	CHECK # 2391	\$69.95 ✓		\$9,265.43
03/17/2026	CHECK # 2390	\$200.00 ✓		\$9,065.43
03/25/2026	ASCENSIONACCOUNT ASCENSIONA ST-P7I6K2E8G6Q9	\$180.00 ✓		\$8,885.43
03/30/2026	CHECK # 2389	\$3,064.00 ✓		\$5,821.43
03/31/2026	INTEREST AT .2997 %		\$2.37 ✓	\$5,823.80
03/31/2026	Ending Balance			\$5,823.80

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
2389	03/30/2026	\$3,064.00	2390	03/17/2026	\$200.00	2391	03/17/2026	\$69.95

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
03/03/2026	\$9,625.58	03/17/2026	\$9,065.43	03/30/2026	\$5,821.43
03/04/2026	\$9,335.38	03/25/2026	\$8,885.43	03/31/2026	\$5,823.80

Please direct inquiries regarding electronic transfers or billing errors to:

Pioneer Trust Bank • P.O. Box 2305, Salem, OR 97308 • (888) 960-3136 • pioneertrustbank.com



SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Printed on recycled paper



Account Statement

For the Month Ending **March 31, 2026**

ASH CREEK WATER DIST - ASH CREEK WATER DISTRICT - 5026

Trade Date	Settlement Date	Transaction Description	Share or Unit Price	Dollar Amount of Transaction	Balance
Oregon LGIP					
Opening Balance					
03/06/26	03/06/26	Polk County Treasury - Polk Co Tax TO 2025-11	1.00	1,321.60	490,706.39
03/31/26	04/01/26	Accrual Income Div Reinvestment - Distributions	1.00	1,670.66	492,027.99
Closing Balance					493,698.65

	Month of March	Fiscal YTD July-March	
Opening Balance	490,706.39	471,554.85	Closing Balance
Purchases	2,992.26	77,144.05	493,698.65
Redemptions	0.00	(55,000.25)	Average Monthly Balance
			491,868.72
Closing Balance	493,698.65	493,698.65	Monthly Distribution Yield
Dividends	1,670.66	15,461.69	4.00%



Account Statement - Transaction Summary

For the Month Ending **March 31, 2026**

ASH CREEK WATER DIST - ASH CREEK WATER DISTRICT - 5026

Oregon LGIP	
Opening Balance	490,706.39
Purchases	2,992.26
Redemptions	0.00
<hr/>	
Closing Balance	\$493,698.65
Dividends	1,670.66

Asset Summary		
	March 31, 2026	February 28, 2026
Oregon LGIP	493,698.65	490,706.39
Total	\$493,698.65	\$490,706.39



LEASE RENEWAL ADDENDUM

DISTSEC

ASHCREEK WCD.COM

Facility: Affordable Storage
885 N. Main St.
Independence, OR 97351

Date: 4/3/2026
Unit Number: 225

Dear Ash Creek Water Control District:

You currently have a balance of \$15 (for April insurance). Regarding insurance charges for future months, please provide us with a copy of your insurance declarations or certificate of insurance now to opt out of the insurance plan being offered by the management company through this office.

Your next payment due date is May 1, 2026. Your monthly rental rate will be \$55.00.

Please select from the following options;

Pay eleven months' rent in advance and receive one month free for a total of \$605.00* (11 months).

Pay five and a half months' rent in advance and receive one half month free for a total of \$302.50* (5 1/2 months).

Pay monthly at the rate of \$55.00* (monthly).

*Plus \$15 for April 2026 insurance.

Please complete and return with payment to your rental office no later than May 1, 2026.

Tenant Signature: [Signature] Date: 5/5/26
✓ # 2394 \$635 = \$605 + 10(2x15) = \$635 TOTAL

Only the person or persons to whom this letter is addressed may authorize by signature the renewal of the lease agreement. Please keep a copy for your files. If you have any questions, please come in or call our rental office, 503-838-7777.

PLEASE DO NOT RENEW ONLINE! It does not allow for the discount.

DISTSEC @ ASHCREEK WCD.COM
ADMIN

PHYSICAL LOCATION
156 N MAIN ST
97351

971-218 7918 (TOM'S #)

Ascension Accounting, Inc.
6446 Fairway Ave SE, Suite 140
Salem, OR 97306
5035888080
admin@ascensionaccounting.com



INVOICE

BILL TO
Ash Creek Water Control District

INVOICE # 6737
Client # 1011
DATE 02/23/2026
DUE DATE 03/04/2026
TERMS Due on receipt

ACTIVITY	AMOUNT
General Accounting <i>Reconciling Nov and entering check on check log. - Barak Waters (01/22/2026)</i>	\$38.40
General Accounting <i>Reconciling December. Entering checks from check log. - Barak Waters (01/26/2026)</i>	\$70.40
Year End Reporting - Bookkeeping <i>Reviewing account for 1099s needing to be sent or W-9s to be collected. - Barak Waters (01/26/2026)</i>	\$26.40
Year End Reporting - Bookkeeping <i>Annual 1099 Processing - \$150 per set \$5.00 per form - 1 form generated - (01/31/2026)</i>	\$155.00

Total: **\$290.20**
Payment: **\$290.20**
Balance Due: **\$0.00**

INVOICE HAS BEEN PAID

Thank you for your payment. 05/05/2026- \$75.50 - Check

Thank you so much for trusting us with your accounting. We're here to help.

Call our office at 503-588-8080 if you have any question on this invoice.

Luckiamute Watershed Council

165 D Street
Independence, OR 97351
Phone: 503-837-0237

Invoice

Date	Invoice #
3/16/2026	26-12

Bill To
Molly Barbano 758 Sacre Ln N Monmouth, OR 97361

Project

Quantity	Description	Rate	Amount
1	New Beginnings Nursery Plant materials for 2026 Friends of Gentle Woods Park planting project	453.00	453.00

Total	\$453.00
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Please send payment to:
Luckiamute Watershed Council
165 D Street
Independence, OR 97351

Ascension Accounting, Inc.
6446 Fairway Ave SE, Suite 140
Salem, OR 97306
5035888080
admin@ascensionaccounting.com



STATEMENT

BILL TO
Ash Creek Water Control District

Client # 1011
DATE 05/04/2026

DATE	DESCRIPTION	AMOUNT
04/26/2026	Beginning Balance	\$0.00
04/26/2026	Invoice #6910	\$75.50
05/04/2026	Ending Balance	\$75.50
	Total payments received	\$0.00

Thank you so much for trusting us with your accounting. We're here to help.

Call our office at 503-588-8080 if you have any question on this invoice.

Ascension Accounting, Inc.
6446 Fairway Ave SE, Suite 140
Salem, OR 97306
5035888080
admin@ascensionaccounting.com



INVOICE

BILL TO
Ash Creek Water Control District

INVOICE # 6910
Client # 1011
DATE 04/26/2026
DUE DATE 05/04/2026
TERMS Due on receipt

ACTIVITY	AMOUNT
General Accounting <i>Generating reports and sending them to Tom. Updating firm 360 project status and documents. - Barak Waters (03/05/2026)</i>	\$75.50
Total:	\$75.50

Thank you for your payment. 03/24/2026- \$180.00 - Check

Thank you so much for trusting us with your accounting. We're here to help.

Call our office at 503-588-8080 if you have any question on this invoice.

Ascension Accounting, Inc.

6446 Fairway Ave SE
Salem, OR 97306 USA
+15035888080
admin@ascensionaccounting.com
www.ascensionaccounting.com



Receipt

BILL TO
Tom Wilson
Ash Creek Water Control District
PO Box 81
Independence, OR 97351-0081
US

Date: 05/01/2026

	Invoice Number	Invoice Date	Payment
1	11129	04/01/2026	58.50
2	11169	05/01/2026	58.50
Memo: BALANCE DUE			\$0.00

No additional transfer fees or taxes apply.

Intuit Payments Inc (IPI) processes payments as an agent of the business. Payment processed by IPI constitutes payment to the business and satisfies your obligation to pay the business, including in connection with any dispute or case, in law or equity. Money movement services are provided by IPI pursuant to IPI's licenses (NMLS #1098819, www.intuit.com/legal/licenses/payment-licenses/). IPI is located at 2700 Coast Avenue, Mountain View, CA 94043, 1-888-536-4801.

Ascension Accounting, Inc.

6446 Fairway Ave SE
Salem, OR 97306 USA
+15035888080
admin@ascensionaccounting.com
www.ascensionaccounting.com



Receipt

BILL TO
Tom Wilson
Ash Creek Water Control District
PO Box 81
Independence, OR 97351-0081
US

Date: 03/02/2026

	Invoice Number	Invoice Date	Payment
1	11079	03/01/2026	58.50

Memo: **BALANCE DUE \$0.00**

No additional transfer fees or taxes apply.

Intuit Payments Inc (IPI) processes payments as an agent of the business. Payment processed by IPI constitutes payment to the business and satisfies your obligation to pay the business, including in connection with any dispute or case, in law or equity. Money movement services are provided by IPI pursuant to IPI's licenses (NMLS #1098819, www.intuit.com/legal/licenses/payment-licenses/). IPI is located at 2700 Coast Avenue, Mountain View, CA 94043, 1-888-536-4801.

Affordable Storage
 885 North Main Street
 Independence, OR 97351
 503-838-7777

Payment Receipt

Company c/o: Tom Wilson, Agent
 Tenant Ash Creek Water Control District
 Address P. O. Box 81
 City, State, Zip Independence, OR 97351

By Tamara Haywood

Date Printed May 5, 2026
 Payment Date May 5, 2026 2:13 PM
 Available Credit 0.00
 Current Balance 0.00
 Paid Thru April 30, 2027
 Receipt Number 5410
 Unit 225

<u>Date</u>	<u>Unit</u>	<u>Description</u>	<u>Charge</u>	<u>Discount</u>	<u>Tax</u>	<u>Total</u>	<u>Payment</u>	<u>Method</u>
04/01/26	225	Insurance 4/1-4/30	15.00	0.00	0.00	15.00	15.00	Check
05/01/26	225	Rent 5/1-5/31	55.00	0.00	0.00	55.00	55.00	Check
05/01/26	225	Insurance 5/1-5/31	15.00	0.00	0.00	15.00	15.00	Check
06/01/26	225	Rent 6/1-6/30	55.00	0.00	0.00	55.00	55.00	Check
07/01/26	225	Rent 7/1-7/31	55.00	0.00	0.00	55.00	55.00	Check
08/01/26	225	Rent 8/1-8/31	55.00	0.00	0.00	55.00	55.00	Check
09/01/26	225	Rent 9/1-9/30	55.00	0.00	0.00	55.00	55.00	Check
10/01/26	225	Rent 10/1-10/31	55.00	0.00	0.00	55.00	55.00	Check
11/01/26	225	Rent 11/1-11/30	55.00	0.00	0.00	55.00	55.00	Check
12/01/26	225	Rent 12/1-12/31	55.00	0.00	0.00	55.00	55.00	Check
01/01/27	225	Rent 1/1-1/31	55.00	0.00	0.00	55.00	55.00	Check
02/01/27	225	Rent 2/1-2/28	55.00	0.00	0.00	55.00	55.00	Check
03/01/27	225	Rent 3/1-3/31	55.00	0.00	0.00	55.00	55.00	Check
04/01/27	225	Rent 4/1-4/30	55.00	55.00	0.00	0.00	0.00	Discount
							Taxes	0.00
							Payment (less tax)	635.00
							Payment Subtotal	635.00
							Credits Applied	0.00
							Refunds Applied	0.00
							<u>Total Applied to Account</u>	635.00
							Current Account Balance	0.00
							Paid By	Check 2394
							Paid Thru Date	April 30, 2027

Memo:

No returns on merchandise. All sales are final. No exceptions.

GENERAL LIABILITY and AUTO LIABILITY ADDITIONAL PARTICIPANT CERTIFICATE						
AGENCY/AGENT - ISSUING CERTIFICATE				Date: 04/15/2026		
WHA Insurance 2930 Chad Dr Eugene, OR 97408 Jealica Bomberger 800-852-6140				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENTS. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN ANY OF THE FOLLOWING PARTIES: THE AGENCY, NAMED PARTICIPANT, CERTIFICATE HOLDER AND/OR COMPANIES AFFORDING COVERAGE.		
NAMED PARTICIPANT/MEMBER - REQUESTING CERTIFICATE				ORGANIZATIONS AFFORDING COVERAGE		
Ash Creek Water Control District PO Box 81 Independence, OR 97351-0081 Tom Wilson 503-606-4968				Company A - Special Districts Insurance Services (SDIS) Company B - Genesis Insurance Company		
COVERAGES						
This is to certify that Coverage Documents listed herein have been issued to the Named Participant herein for the Coverage Period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the Coverage Documents listed herein is subject to all the terms, conditions and exclusions of such Coverage Documents. Aggregate Limits which are shown may have been reduced by paid Claims, Suits or Actions. The titles referenced under Type of Coverage are inserted solely for convenience of reference and shall not be deemed in any way to limit or affect the provisions to which they relate.						
OR/CO LTR	Type of Coverage	Limits		Coverage Document	Effective Date	Expiration Date
A B	SDIS Liability Coverage	Annual Aggregate	\$10,000,000			
	X Per Occurrence	\$5,000,000		41P28112-363	01/01/2026	12/31/2026
	X Per Wrongful Act					
	X Public Officials Liability					
	X Employment Practices					
	X Sexual Misconduct Liability	\$5,000,000 per occurrence / annual agg.				
Employment Practices Deductible/SIR: \$0 Wrongful Acts Deductible/SIR: \$0 General Liability Deductible/SIR: \$0 Sexual Misconduct Liability Deductible/SIR: \$0 *\$10,000 Minimum deductible for terminations if SDIS or approved legal counsel is not consulted prior to an employment termination.						
A B	Auto Liability					
	Scheduled Autos	\$500,000		41P28112-363	01/01/2026	12/31/2026
	X Hired & Non-Owned Autos					
	Per Accident					
Deductible/SIR: \$0						
A B	Excess Auto Liability					
	Scheduled Autos	\$9,500,000		41P28112-363	01/01/2026	12/31/2026
	X Hired & Non-Owned Autos					
	Per Accident					
Excess of: \$500,000						
A B	Supplemental Auto Liability					
	X UM/UIM	\$500,000		41P28112-363	01/01/2026	12/31/2026
	X Personal Injury Protection	Per Schedule in Coverage Document				

Remarks: When required by an Insured Contract certificate holder is an additional participant in respects to Leased Storage Unit, but only with respects to negligence claims for Bodily Injury, Property Damage or Personal Injury where the Named Participant is deemed to have liability. In no event shall coverage extend to any party for any Claim, Suit or Action, however or whenever asserted, arising out of the certificate holder's sole negligence or for any Claim, Suit or Action which occurs prior to the execution of the contract or agreement.

*Information is provided as of the date this certificate was generated and issued and is subject to change.

Certificate Holder - Requesting Certificate

Affordable Storage
885 N. Main Street
Independence, OR 97351

CANCELLATION: Should any of the Coverage Documents herein be cancelled before the expiration date thereof, SDIS will endeavor to provide notice in accordance with the SDIS General Liability Coverage Document provisions. Failure to mail such notice shall impose no obligation or liability of any kind upon SDIS, its agents or representatives, or the issuer of this certificate.

Authorized Representative of Named Participant:

Date: 04/16/2026

Jealica Bomberger

Applicable Coverage Document Definitions:

The following definitions are provided solely for convenience of reference and shall not be deemed in any way to limit or affect the provisions to which they relate, for complete details on the terms, conditions and exclusions of applicable Coverage Documents please refer to the SDIS Liability Coverage Document.

Participant means the **Named Participant** and each of the following while acting under the direction and control of the **Named Participant** and within the course and scope of their duties as such:

- a. Directors;
- b. Executive Officers;
- c. **Employees;**
- d. agents of the Named Participant pursuant to ORS 30.285
- e. Volunteers;
- f. Any board, commission, governmental agency, subdivision, department, municipal body, not-for profit corporation, association or other unit operated by the **Named Participant**, or under the **Named Participant's** jurisdiction, will qualify as a **Participant** if there is no other similar insurance in place for that organization;
- g. **Good Samaritans** at the scene of an accident, when the person's actions are not part of any official response of the **Named Participant**; and
- h. Any person, entity, or any organization the **Named Participant** is required by an **Insured Contract** to include as a **Participant**. The terms of the **Insured Contract** will have no effect on either the **Per Occurrence Limit of Liability**, **Per Wrongful Act Limit of Liability** or the **Annual Aggregate Limit of Liability**. The **Insured Contract** must be effective and executed prior to a covered **Occurrence** or **Wrongful Act**. In no event shall coverage under this **Coverage Document** extend pursuant to this subsection h. to any party for any **Claim**, however or whenever asserted, arising out of such party's sole negligence. The term "Additional Insured," if used in an **Insured Contract**, shall be understood to mean the same as **Additional Participant**.

Insured Contract means a legally enforceable contract that includes one or more of the following:

- a. A provision in a lease of premises that relates to **Tort** liabilities assumed by the **Named Participant** arising out of the lease, such assumption occurring in writing prior to the date of **Occurrence or Wrongful Act**;
- b. A sidetrack agreement;
- c. Any easement or license agreement;
- d. An obligation, as required by ordinance, regulation, or statute to indemnify a **Public Body**;
- e. An elevator maintenance agreement;
- f. That part of any other contract or agreement pertaining to the **Named Participant's** operations (including an indemnification of a **Public Body** in connection with work performed by or for a **Public Body**) under which the **Named Participant** assumes the **Tort** liability of another person or entity to pay for **Bodily Injury**, **Property Damage**, or **Personal Injury** to a third person or organization, provided the **Bodily Injury**, **Property Damage**, or **Personal Injury** is based on an **Occurrence** that takes place subsequent to the execution of the contract or agreement;
- g. An indemnification agreement between a hospital or other medical care center and the **Named Participant** that is required by the hospital or medical care center in connection with it providing emergency medical technician training to **Participants** in connection with an emergency medical technician training program; and
- h. Contracts for services with **Public Bodies**.

An **Insured Contract** does not include that part of any contract or agreement:

- a. That indemnifies an architect, engineer, or surveyor acting as an independent contractor for injury or **Damages** arising out of professional errors or omissions;
- b. That indemnifies any person or organization for **Damages** by fire to premises rented or loaned to the **Participant** for an amount greater than \$1 million; and
- c. That involve the purchase or sale of real property or personal property.