Entity Name: Ouachita Parish Drainage Dist.-East Town & Country Gravity (8903-DD)

Address: Post Office box 7077

Telephone: 318-547-6424 Email: Wayne. Kelly 318@gmail.com

This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor — Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Wayne Kelly (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Easst Town & Country Drainage Dist. (entity's name) as of Dec. 31, 2022 (entity's year-end) and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity complied regulations, has with all laws and except follows:

Complete if Applicable: In addition, Wayne Kelly (officer's name), who duly sworn, deposes, and says that East Town & Country Drainage Dist. (entity's name) received \$75,000 or less in revenues and other sources for the year ended Dec. 31, 2022 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

Board Chairman OFFICER'S TITLE

Sworn to and subscribed before me, this 23 and day of March

NOTARY PUBLIC SIGNATURE & SEAL

commission expires @ death

Statement of Receipts and Disbursements

Statement A

	_	General Fund	_	Other Fund		Total
RECEIPTS (Provide Brief Description): 1.Maint. Tax	\$	8656.13	\$		\$8	656.13
2.Dividend from bank account	_	61.94	_		- 0	61.94
3.	_		_			
4.	_					
5.	_		-			
6. Total receipts (add lines 1 - 5)	\$	8718.07	\$		_ <u>\$8</u>	718.07
DISBURSEMENTS (Provide Brief Description): 7.Electricity 8.maintenance (mowing, weed control, pump)	\$	1955.97 7350.83	\$		\$	1955.97 7350.83
9.Insurance	-	125.00	0			125.00
10.	-	120.00	_		33	120.00
11.	×-				U)	
12.			-37			
13. Total Disbursements (add lines 7 - 12)	\$	9431.80	\$		_ \$	9431.80
14. Change in fund balance (Lines 6 minus 13)	\$	-713.73	\$		\$	-713.73
15. Fund Balance at beginning of year	\$	22647.16	\$		\$	22647.16
 Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B 	\$2	21933.43	\$		\$2	1933.43

Identify the	Basis of	Accounting,	if not	using	Cash-Basis:
	CAS	Н		in the state of the	

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

Balance Sheet				Statement B
		General Fund	Other Fund	Total
ASSETS (balances at year-end)				
Cash and cash equivalents	\$	21933.43	\$	\$21933.43
Investments (fair value)	_			
Office furnishings (Cost of desks, etc)				
4. Equipment (Cost of fax machine, etc)			-00 -00	
5. Other (brief description)			-	
6. Total Assets (add lines 1 - 5)	\$	21933.43	\$	\$21933.43
LIABILITIES AND FUND BALANCE (at year-end):				
7. Liabilities (brief description):	\$		\$	\$
8.				
9.			-	
10.				
11. Total Liabilities (add lines 7 - 10)	_			
12. Fund balance (amount from Line 16 on Statement A)		212933.43	-	21933.43
13. Other				
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	21933.43	\$	\$21933.43

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: WAYNE KELLY BOARD CHAIRMAN

Purpose	Dollar Amount			
1. Salary	1. 0.00			
Benefits-insurance	2. 0.00			
Benefits-retirement	3. 0.00			
Benefits-other (describe)	4. 0.00			
Benefits-other (describe)	5. 0.00			
Benefits-other (describe)	6. 0.00			
7. Car allowance	7. 0.00			
8. Vehicle provided by government (if reported on your W-2)	8. 0.00			
9. Per diem	9. 0.00			
10. Reimbursements	10. 582.03			
11. Travel	11 .0.00			
12. Registration fees	12 .0.00			
13. Conference travel	13 .0.00			
14. Housing	14 .0.00			
15. Unvouchered expenses (example: travel advances, etc.)	15. 0.00			
16. Special meals	16. 0.00			
17. Other	17 .0.00			
18. TOTAL (enter total of line 1-17)	18. 582.03			

_X__ Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)