# Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name:Lake Bruin Recreation and Water Conservation District
Address: _P.O. Box 38 St. Joseph, LA 71366
Telephone: (318) 372-8454 Email:mdthompson165@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 <a href="mailto:ereports@lla.la.gov">ereports@lla.la.gov</a> , 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, _Mike Thompson
Complete if Applicable: In addition, _Mike Thompson, Treasurer, who duly sworn, deposes, and says that <u>Lake Bruin Recreation and Water Conservation District</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>December 31, 2022</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.
OFFICER'S SIGNATURE  OFFICER'S TITLE  Sworn to and subscribed before me, this 31 day of January, 20 23
Down R. P. P. L. DONNA R. RATCLIFF NOTARY PUBLIC SIGNATURE & SEAL NOTARY PUBLIC SIGNATURE & SEAL Notary ID No. 57247 Tensas Parish, Louisiana

## Sworn Financial Statements and Certification of Revenues \$75,000 or Less

#### Statement of Receipts and Disbursements

#### Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Parcel Fee	\$15,741.74	\$	\$15,741.74
2.Pier Permits	400.00		400.00
3.			
<u>4.</u> 5.			
5.		<u> </u>	
6. Total receipts (add lines 1 - 5)	\$16,141.74	\$	\$16,141.74
DISBURSEMENTS (Provide Brief Description):  7.Secretarial  8 Commission Projects	\$2,400.00 14.362.13	\$	\$2,400.00 14,362,13
8.Commission Projects	14,362.13		14,362.13
9.Postage/Newsletter	3,397.35		3,397.35
10.Legal	1,300.00		1,300.00
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$21,459.48	\$	<u>\$21,459.48</u>
14. Change in fund balance (Lines 6 minus 13)	\$-5,317.74	\$	\$-5,317.74
15. Fund Balance at beginning of year	\$38,724.59	\$	\$38,724.59
16. Fund balance (deficit) at end of year (Add lines 14-15)			
This amount also goes on line 12, Statement B	\$33,406.85	\$	<u>\$33,406.85</u>

Identify the Basis of Accounting, if not using Cash-Basis:

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	\$33,406.85	\$	\$33,406.85
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$33,406.85	\$	<u>\$33,406.85</u>
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)	33,406.85		33,406.85
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$33,406.85	\$	\$33,406.85

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#### Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title:\_Steve Maynord, President\_\_\_\_\_

Purpose	Dollar Amount
1. Salary	1. 0
2. Benefits-insurance	2. 0
3. Benefits-retirement	3. 0
4. Benefits-other (describe)	4. 0
5. Benefits-other (describe)	5. 0
6. Benefits-other (describe)	6. 0
7. Car allowance	7. 0
8. Vehicle provided by government (if reported on your W-2)	8. 0
9. Per diem	9. 0
10. Reimbursements	10.0
11. Travel	11.0
12. Registration fees	12.0
13. Conference travel	13.0
14. Housing	14.0
15. Unvouchered expenses (example: travel advances, etc.)	15.0
16. Special meals	16.0
17. Other	17.0
18. TOTAL (enter total of line 1-17)	18. 0

\_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.)