

**Finance Authority of St. Tammany Parish**  
**St. Tammany Parish**

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

**April 4, 2024**

Ms. Suzanne Elliott  
Engagement Manager  
Office of Legislative Auditor  
1600 North Third Street  
Baton Rouge, LA 70802

Dear Ms. Elliott:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 12/31/21. The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

  
\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Michael Gambrell  
Officer's Name

Enclosures

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS**

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor –  
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

**Affidavit and Revenue Certification**

**Finance Authority of St. Tammany Parish  
St. Tammany Parish**

**ANNUAL SWORN FINANCIAL STATEMENTS AND  
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)**

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 *to be filed with the Legislative Auditor within 90 days after the close of the fiscal year.* The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).

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Personally came and appeared before the undersigned authority, **Michael Gambrell**, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **Finance Authority of St. Tammany Parish** as of 12/31/21, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, **Michael Gambrell**, who, duly sworn, deposes and says that **Finance Authority of St. Tammany Parish** received \$50,000 or less in revenues and other sources for the year ended 12/31/21 and accordingly, is not required to have an audit for the previously mentioned year.

  
\_\_\_\_\_  
Officer Signature

Sworn to and subscribed before me this 5 day of April, 2024.

  
\_\_\_\_\_  
NOTARY PUBLIC

DEBORAH B. NEWMAN  
NOTARY PUBLIC - ID#83431  
Parish of St. Tammany, State of Louisiana  
My Commission is issued for life

\*\*\*\*\*

Officer's Name - Mike Gambrell  
Officer's Title - Treasurer  
Address 2283 East Gause Blvd  
Slidell, LA 70458  
mgambrell@resource.bank

Cell-985-502-8902

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## Finance Authority of St. Tammany Parish

Statement of Cash Receipts and Disbursements  
For the Year Ended 12/31/21

	General Fund	Other Fund (N/A)	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Program Fees	\$ 28,057.78	\$ -	
2. Interest Income	354.46		
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 28,412.24</u>	<u>\$</u>	
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Website , Accounting, promotional	\$ 17,753.35	\$	
8.			
9.			
10.			
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 17,753.35</u>	<u>\$</u>	
14. Change in fund balance ( Lines 6 minus 13)	\$ 10,658.89	\$	\$
15. Fund Balance at beginning of year	\$ 870,739.75	\$	
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$ 881,398.64	\$	\$

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**Statement B**

**Finance Authority of St. Tammany Parish**

**Balance Sheet, on 12/31/21**

	<u>General Fund</u>	<u>Other Fund (N/A)</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 881,398.64	\$ -	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 881,398.64</u>	<u>\$ -</u>	<u>\$</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$ -	\$ -	\$ -
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	-	-	-
12. Fund balance (amount from Line 16 on Statement A)	881,398.64	-	
13. Other -	-		-
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 881,398.64</u>	<u>\$ -</u>	<u>\$</u>

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Statement C

**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer**

**Agency Head Name:** Larry Englande - President

Purpose	Amount
Salary	None (all categories)
Benefits-insurance	
Benefits-retirement	
Benefits-other (describe)	
Benefits-other (describe)	
Benefits-other (describe)	
Car allowance	
Vehicle provided by government (enter amount reported on W-2)	
Per diem	
Reimbursements	
Travel	
Registration fees	
Conference travel	
Housing	
Unvouchered expenses (example: travel advances, etc.)	
Special meals	
Other	