Entity Name: Sarepta Festival Association
Address: P.O. Box 283 Sarepta (A 7107)
Telephone: 318-847-4333 Email: Saveptacler (Qgmail. 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, Peggy Adkins
(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 Savepta Festival Association
(entity's name) as of (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 has complied with all laws and
regulations, except as follows:
Complete if Applicable: In addition, Reggy Advino (officer's name), who duly sworn, deposes, and says that Screpta Festival Assoc. (entity's name) received \$75,000 or less in revenues and other sources for the year ended 2022 (entity's year-end), and
accordingly, is not required to have an audit for the previously mentioned fiscal year.
Peggy adhine President
OFFICER'S SIGNATURE OFFICER'S TITLE
Sworn to and subscribed before me, this 25 th day of <u>Sanuary</u> , 2023
Othy A Luckabee I H 006 153 NOTARY PUBLIC SIGNATURE & SEAL

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. Webster Parish Tourism Convention 2. Local Donations 3.	\$ 4,000 1,300.00	<u>\$</u>	\$4,000 1,500
4. 5. 6. Total receipts (add lines 1 - 5)	\$9,500.00	\$	\$. 5,6 00.00
DISBURSEMENTS (Provide Brief Description): 7. (ay's Leap Land 8. Pat's Ponces 9. Santa 10. entertainment	\$300.00 350.00 300.00	\$	\$ <u>300.00</u> <u>300.00</u> <u>\$00.00</u>
11. fireworks 12. Scholarships 13. Total Disbursements (add lines 7 - 12)	3500.00 3000.00 \$ 4950 1950	\$ =2450	3500.00 3000.00 \$-4950 \$ 550
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year 16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$ 9799	\$ 6299	\$

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.

Statement B **Balance Sheet** General Other Fund Fund Total ASSETS (balances at year-end) 1. Cash and cash equivalents 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) 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) 13. Other 14. Total Liabilities and Fund Balance (add lines 11 - 13) \$

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Yeggy Holkins President

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

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.)