

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

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

March 27, 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 12/31/23. 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(1)(1)(c)(i).

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 **12/31/23**, 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)

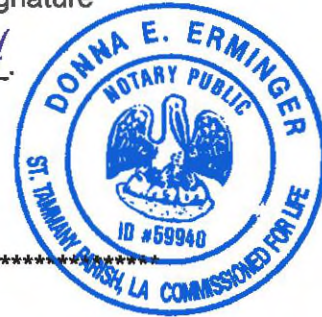
In addition, **Michael Gambrell**, who, duly sworn, deposes and says that **Finance Authority of St. Tammany Parish** received \$50,000 or less in revenues and other sources for the year ended **12/31/23** and accordingly, is not required to have an audit for the previously mentioned year.

Michael Gambrell

Officer Signature

Sworn to and subscribed before me this 28th day of March, 2024.

Donna E. Erminger
NOTARY PUBLIC



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 12/31/23

	General Fund	Other Fund (N/A)	Total
RECEIPTS (Provide Brief Description):			
1. Program Fees	\$ 3,464.33	\$ -	
2. Interest Income	276.87		
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 3,741.20</u>	<u>\$</u>	
DISBURSEMENTS (Provide Brief Description):			
7. Website , Accounting, promotional	\$ 6,289.00	\$	
8.			
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 6,289.00</u>	<u>\$</u>	
14. Change in fund balance (Lines 6 minus 13)	\$ (2,547.80)	\$	\$
15. Fund Balance at beginning of year	\$ 898,261.42	\$	
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$ 895,713.62	\$	\$

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Statement B

Finance Authority of St. Tammany Parish

Balance Sheet, on 12/31/23

	<u>General Fund</u>	<u>Other Fund (N/A)</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 895,713.62	\$ -	\$
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. Total Assets (add lines 1 - 5)	<u>\$ 895,713.62</u>	<u>\$ -</u>	<u>\$</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ -	\$ -	\$ -
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	-	-	-
12. Fund balance (amount from Line 16 on Statement A)	895,713.62	-	
13. Other -	-		-
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 895,713.62</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	