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

Entity Name:	Parkwood Terrace Crime Prevention and Neighborhood Improvement District				
Address:	P. O. Box 188, Baker, LA 70704				
Telephone: _	(225)603-3874	Email:jojenkins1@att.net			
$\it the\ end\ of\ the$	entity's fiscal year by se ling to Louisiana Legis	nt is required to be filed with the Legislative Auditor w ending a pdf copy by email to, fax lative Auditor – Local Government Services, P.O. Bo	king to 225-339-		
		AFFIDAVIT			
Personally car	me and appeared before	e the undersigned authority, Jonathan Jenkins	(officer's		
material respo	ects, the financial posit	d says that the financial statements herewith given prestion of Parkwood Terrace Crime Prevention ar (ex	ntity's name) as		
	" La Ca 100	year-end) and the results of operations for the year			
	0 2 4	ating described within the accompanying financial state			
•	3 0 2	ternal control structure sufficient to safeguard assets a ne entity has complied with all laws and regulat			
follows: N/A	anguong and mar m	ie entity has complied with an laws and regulat	ions, except as		
10110WS					
Complete if A	Applicable: In addition,	, Jonathan Jenkins (officer's name),	who duly sworn,		
deposes, and	says that Parkwood T	errace Crime Prevention (entity's name) received	1 \$75,000 or less		
	nd other sources for the	Camt 00 0000	and accordingly,		
is not require	ed to have an audit for the	he previously mentioned fiscal year.			
OFFICER'S	SIGNATURE Jonat	Han Jouline OFFICER'S TITLE			
Sworn to and	l subscribed before me,	this 23rd day of December, 202	<u>3</u>		
NOTARY P	LWCU3— UBLIC SIGNATURE	this 23rd day of December, 202			
Sworn Financial S	Statement	AN NO OF	Updated: 08/01/202		
		ON ROUGE MILLION			

Entity Name: Parkwood Terrace Crime Prevention aı Fiscal Year End: Sept 30, 2023

#### Statement of Receipts and Disbursements Statement A General Other Fund Total Fund **RECEIPTS (Provide Brief Description):** 1. \$ 26,774.53 \$ 26,774.53 Assessments Collected 2 \$ 0.00 3 \$ 0.00 4 \$ 0.00 5. \$ 0.00 6. Total receipts (add lines 1 - 5) \$ 26,774.53 \$ 0.00 \$ 26,774.53 **DISBURSEMENTS (Provide Brief Description):** 7. Administration and Communication \$1,785.57 \$1,785.57 8 \$ 234.00 \$ 234.00 EBR Assessor Fees 9. \$ 765.00 \$ 765.00 Insurance 10 Security and Other Preventive Measures \$21,650.00 \$21,650.00 11. \$ 2,225.00 \_\_\_\_\_ \$ 2,225.00 Maintenance 12. \$ 1,749.00 \$ 1,749.00 Utilities 13. **Total Disbursements** (add lines 7 - 12) \$ 28,408.57 \$ 0.00 \$ 28,408.57 14. Change in fund balance (Lines 6 minus 13) -\$ 1,634.04 \$ 0.00 -\$ 1,634.04 15. Fund Balance at beginning of year \$ 35,383.58 \$ 35,383.58 16. Fund balance (deficit) at end of year (Add lines 14-15) \$ 33,749.54 \$ 0.00 \$ 33,749.54 -This amount also goes on line 12, Statement B

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.

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

Fiscal Year End: Sept 30, 2023

# David & Carolyn Owens Balance Sheet 13512 A:lba Drive Baker. LA 70714

### Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents			A 00 T/0 T/
	\$ 33,749.54		\$ 33,749.54
Investments (fair value)			
O Office funciable on (Cost of dealer sta)			\$ 0.00
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			
			\$ 0.00
<ol><li>Other (brief description)</li></ol>			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 33,749.54	\$ 0.00	\$ 33,749.54
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):		David 13512 Baken	
1. Elabilities (Silet association).		B 4 8	\$ 0.00
8.		7 2 2	<del></del>
		rrolym a Drii 7071	\$ 0.00
9.		0 0	
		ens	\$ 0.00
10.			
			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	¢ 0 00	<b>#</b> 0.00	Φ 0 00
10 Find belones (amount from Line 16 on Statement A)	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 33,749.54	\$ 0.00	\$ 33,749.54
13. Other	Ψ 00,1 40.04	Ψ 0.00	Ψ 00,743.04
TO. Outlot			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 33,749.54	\$ 0.00	\$ 33,749.54

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

	Jonathan Jenkins,	President
Agency Head Name,	Title:	

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

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.)

David & Carolyn Owens 13512 A:lba Drive