

Executive/Central Committee Name: WEST FELICIANA REPUBLICAN  
EXECUTIVE COMMITTEE  
City: ST. FRANCISVILLE Parish: WEST FELICIANA

**TRANSMITTAL LETTER**

**ANNUAL FINANCIAL STATEMENTS**

Date: MAY 24, 2023


VIA Email: [ereports@lla.la.gov](mailto:ereports@lla.la.gov)

Ms. Gayle Fransen, CPA  
Local Government Reporting Manager  
Office of the Louisiana Legislative Auditor

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 18:447 and 464(F), enclosed are the certified annual financial statements for my office, as of and for the year ended DECEMBER 31 2022. The statements include all funds under the control of this entity.

Sincerely,

  
\_\_\_\_\_  
Officer's Signature (must be signed by Treasurer or, if none, by the chairman)

CHAIRMAN  
\_\_\_\_\_  
Officer's Name/Title

Street/P.O. Box Address P.O. BOX 1817

City/Zip Code ST. FRANCISVILLE, LA. 70775

Telephone Number (225) 635-6890

Email Address C.GRIFFINLAWFIRM@ATT.NET

Enclosures

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

Form updated May 2023

Executive/Central Committee Name: WEST FELICIANA PARISH REPUBLICAN  
EXECUTIVE COMMITTEE

Statement of Financial Position at 12/31/22 (month, day and year of fiscal year end)

**ASSETS** (balances at year-end)

1	Cash and cash equivalents on hand	_____	_____
2	Investments (fair value) on hand	_____	_____
3	Office furnishings (cost of desks, etc.)	_____	_____
4	Equipment (cost of computers, etc.)	_____	_____
5	Other (brief description)	_____	_____
6	<b>Total Assets</b> (add lines 1-5)		<u>0.00</u>

**LIABILITIES AND NET ASSETS** (balances at year-end):

7	Liabilities (give brief description):	_____	_____
8		_____	_____
9		_____	_____
10	<b>Total Liabilities</b> (add lines 7-9)		<u>0.00</u>
11	<b>Total Net Assets</b> (line 6 minus line 10, which should be the same as amount from Form B, line 16)		<u>0.00</u>
12	<b>Total Liabilities and Net Assets</b> (add lines 10 and 11)		<u>0.00</u>

This amount should match Line 6 above.

Executive/Central Committee Name: WEST FELICIANA PARISH REPUBLICAN EXECUTIVE COMMITTEE

**Statement of Cash Receipts and Disbursements**

**As of and For the Year Ended** 12/31/22 (month, day and year of fiscal year end)

**RECEIPTS:**

1	National/State Party Contributions	_____	_____
2	Donations	_____	_____
3	Other (brief description)	_____	_____
4	Other (brief description)	_____	_____
5	Other (brief description)	_____	_____
6	<b>Total Receipts</b> (add lines 1-5)		<u>0.00</u>

**DISBURSEMENTS (Provide Brief Description):**

7	Bank Charges	_____	_____
8	Meetings	_____	_____
9	Outreach (radio, newspaper, mailings)	_____	_____
10	Utilities	_____	_____
11	Other (brief description)	_____	_____
12	Other (brief description)	_____	_____
13	<b>Total Disbursements</b> (add lines 7-12)		<u>0.00</u>
14	<b>Change in Net Assets</b> (Line 6 minus line 13)		<u>0.00</u>
15	Net Assets at Beginning of the Year (taken from previous year's report, Form A, line 11)	_____	_____
16	<b>Net Assets (deficit) at End of Year</b> (Add lines 14 and 15) - This line should match Form A, line 11.		<u>0.00</u>