

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

Entity Name: City of Bogalusa Parks and Recreation Commission

Address: 202 Arkansas Avenue Bogalusa, LA 70427

Telephone: 985.732.6200

Email: landon.tims@bogalusa.org

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 <u>ereports@lla.la.gov</u>, 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, Landon Tims (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 City of Bogalusa Parks and Recreation Commission (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: The 2022 Financial Statement (FS) was not reported to LLA in a timely mater by the former Director of Parks and Recreation Landon Tims.

omplete if Applicable: In addition, Landon Tims		(officer's name), who duly sworn,		
deposes, and says that City of Bogalusa Parks and Recreation	on Commission	(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 me	entioned fisca	al year.		
		0.10		

OFFICER'S SIGNATURE

Fumer Director Parks + Kecrestion

OFFICER'S TITLE

Sworn to and subscribed before me, this \geq

DAVID MERLIN DUKE Notary Public, LSBA 29036 Washington Parish, Louisiana My Commission is for life.

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 01/22

NOTARY PUBLIC SIGNATURE

day of <u>Mu</u>



Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Deposits/Credits	\$53,242.52		\$53,242.52
2. Interest Payments	\$13.27		\$13.27
3.			
<u>3.</u> 4.			
5.			
6. Total receipts (add lines 1 - 5)	\$53,255.79	\$ 0.00	\$53,255.79
DISBURSEMENTS (Provide Brief Description): 7. Checks/Debits 8. 9.	\$63,878.56		\$63,878.56
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$63,878.56	\$ 0.00	\$63,878.56
14. Change in fund balance (Lines 6 minus 13)	-\$10,622.77	\$ 0.00	-\$10,622.77
15. Fund Balance at beginning of year	\$21,980.96	\$0.00	\$21,980.96
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$11,358.19	\$ 0.00	\$11,358.19

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.*



Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$11,358.19		\$11,358.19
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)	\$11,358.19	\$ 0.00	\$11,358.19
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	0		
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$11,358.19	\$ 0.00	\$11,358.19
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$11,358.19	\$ 0.00	\$11,358.19



Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name: ____

Title: Former Director of Parks and Recreation

Purpose	Dollar Amount	
1. Salary	0	
2. Benefits-insurance	0	
3. Benefits-retirement	0	
4. Benefits-other (describe)	0	
5. Benefits-other (describe)	0	
6. Benefits-other (describe)	0	
7. Car allowance	0	
8. Vehicle provided by government (if reported on your W-2)	0	
9. Per diem	0	
10. Reimbursements	0	
11. Travel	0	
12. Registration fees	0	
13. Conference travel	0	
14. Housing	0	
15. Unvouchered expenses (example: travel advances, etc.)	0	
16. Special meals	0	
17. Other	0	
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.)