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

Entity Name: Bayou Desiard-Bayou Bartholomew Cutoff Water Conservation Board

Address: 7713 Westlaked Rd Sterlington La. 71280

Telephone: 318 665 2702 Email: Wyattdan1@yahoo.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, DAN N. Wyatt (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 Bayou Desiard-Bayou Bartholomew Cutoff Water Conservation Board (entity's name) as of 12/31/2025 (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, _____ (officer's name), who duly sworn, deposes, and says that _____ (entity's name) received $75,000 or less in revenues and other sources for the year ended _____ (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Dan N. Wyatt
OFFICER'S SIGNATURE

Financial Secretary
OFFICER'S TITLE

Sworn to and subscribed before me, this 5 day of June, 2026

Donna Chavers
NOTARY PUBLIC SIGNATURE & SEAL

DONNA CHAVERS
NOTARY PUBLIC
Notary ID No. 008584
UNION Parish, Louisiana

Please submit a pdf copy of the completed form to: ereports@lla.la.gov – Updated 12/20

Bayou Desiard Bartholomew Cdt of P
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 2025
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Interest	$	$	$ 59.74
2.			
3.			
4.			
5.			
6. **Total receipts** (add lines 1 - 5)	$	$	$ 59.74
DISBURSEMENTS (Provide Brief Description):			
7.	$ -0-	$	$ -0-
8.			
9.			
10.			
11.			
12.			
13. **Total Disbursements** (add lines 7 - 12)	$ -0-	$	$ -0-
14. Change in fund balance (Lines 6 minus 13)	$	$	$ 59.74
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	$	$	$ 47,126.24

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Bayou Desiard, Bayou Monthalorres - Cutoff
(Agency Name)

Balance Sheet, on Dec 31, 2025
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	$47,126.24	$	$47,126.24
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)	$47,126.24	$	$47,126.24
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	$ 0	$	$ 0
9.			
10.			
11. **Total Liabilities** (add lines 7 - 10)	0		0
12. Fund balance (amount from Line 16 on Statement A)	47,126.24		47,126.24
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	$47,126.24	$	$47,126.24

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Bayou Desiard Bartholomew Catt of (Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended _____(Year-End)

Agency Head Name and Title:_____

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.)

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS