

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

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 02/23

Entity Name: Concord Estates Crime Prevention District, East Baton Rouge Parish, Baton Rouge, LA

Address: Harry Johnson, 5726 Trenton Ave., Baton Rouge, LA 70808

Telephone: 225-924-2830

Email: hjohn1930@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, Adell Brown, Jr. (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 Concord Estates Crime Prevention District (entity's name) as of December 31, 2019 (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, Harry Johnson (officer's name), who duly sworn, deposes, and says that Concord Estates Crime Prevention District (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2019 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Harry Johnson
OFFICER'S SIGNATURE

President
OFFICER'S TITLE

Sworn to and subscribed before me, this 8th day of March, 2023

Luke A. LaVergne
NOTARY PUBLIC SIGNATURE
Luke A. LaVergne
Notary Public, #9706, State of LA
My Commission is for Life

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Entity Name: Concord Estates Crime Prevention District Fiscal Year End: 12/31/2019

Statement of Receipts and Disbursements

Statement A

RECEIPTS (Provide Brief Description):		General Fund	Other Fund	Total
1	Crime Prevention District Fees	\$ 19,467		\$ 19,467
2	Interest Earnings	\$ 1,115		\$ 1,115
3				\$ -
4				\$ -
5				\$ -
6	Total receipts (add line 1 -5)	\$ 20,581		\$ 20,581
DISBURSEMENTS (Provide Brief Description)				
7	Central Services Support	\$ 975		\$ 975
8	Assistance To Other Govt Ag	\$ 16,950		\$ 16,950
9	Comm For Collecting Taxes	\$ 1,161		\$ 1,161
10				\$ -
11				\$ -
12				\$ -
13	Total Disbursements (add line 7-12)	\$ 19,087		\$ 19,087
14	Change in fund balance (line 6 minus 14)	\$ 1,495		\$ 1,495
15	FUND BALANCE, JANUARY 1	\$ 52,360		\$ 52,360
	ADJUSTMENT	\$ -		\$ -
	FUND BALANCE DECEMBER 31	\$ 53,855		\$ 53,855

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.

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Entity Name: Concord Estates Crime Prevention District Fiscal Year End: 2019

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents			
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)			
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			
8			
9			
10			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	\$ 53,849.00		\$ 53,849.00
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)			

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Entity Name: _____ Fiscal Year End: _____

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head's 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.)

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