

Affidavit and Revenue Certification

POVERTY POINT RESERVOIR DISTRICT ENTITY NAME
RICHLAND Parish
Delhi, LA (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, MIKE MARTIN (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of POVERTY POINT RESERVOIR DISTRICT (enter entity name) as of 6-30-19 (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.

(Complete if applicable)

In addition, MIKE MARTIN (officer name), who, duly sworn, deposes and says that POVERTY POINT RESERVOIR DISTRICT (entity name) received \$75,000 or less in revenues and other sources for the year ended 6-30-19, and accordingly, is not required to have an audit for the previously mentioned year.

Mike Martin
Officer's Signature

Sworn to and subscribed before me this 16 day of October, 2019.

Troy Quinn Richards
NOTARY PUBLIC SIGNATURE & SEAL

Troy Quinn Richards
Notary Public
Notary Number 16447
Richland Parish, Louisiana

For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date FEB 05 2020

Please Complete This Section
Officer's Name MIKE MARTIN
Officer's Title PRESIDENT
Address 302 ADAPT ST.
City, Zip DELI, LA 71232
Ph: Cell/Land 318-878-5573
E-mail MMARTIN@HMUSPA.COM

POVERTY POINT RESERVOIR DISTRICT
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 6-30-19
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. RENT	\$ 5400	\$	\$ 5400
2. PERMITS	25		25
3. Miscellaneous	708		708
4. INTEREST	160	2337	2497
5.			
6. Total receipts (add lines 1 - 5)	\$ 6293	\$ 2337	\$ 8630
DISBURSEMENTS (Provide Brief Description):			
7. INSURANCE	\$ 7810	\$	\$ 7810
8. OFFICE EXPENSE	112		112
9. REPAIRS	98		98
10. UTILITIES	4454		4454
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 13361	\$	\$ 13361
14. Change in fund balance (Lines 6 minus 13)	\$ (7068)	\$ 2337	\$ (4731)
15. Fund Balance at beginning of year	\$ 22779	\$ 21183	\$ 30,562
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 15711	\$ 28020	\$ 295831

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

Poverty Point Reservoir District
(Agency Name)

Balance Sheet, on 6-30-19
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 14260	\$ 269433	\$ 283693
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc) Bldg		10408	10408
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) <u>Acc. Int/Prepaid</u>	1861	279	2140
6. Total Assets (add lines 1 - 5)	<u>\$ 16,121</u>	<u>\$ 280,120</u>	<u>\$ 296,241</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. <u>Accounts Payable</u>	\$ 410	\$	\$ 410
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	15711	280120	295831
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 16,121</u>	<u>\$ 280,120</u>	<u>\$ 296,241</u>

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POVERTY POINT RESERVOIR DISTRICT (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 630-19 (Year-End)

Agency Head Name and Title: Mike Martin, President

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.

} None

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