

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

Entity Name: Franklin Parish Coroner Office
Address: 6587 Main Street Winnsboro, LA 71295
Telephone: 3184358351 Email: Eldridge@nelaems.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, Courtney Mckenzie (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 Franklin Parish Coroner Office (entity's name) as of 2024 (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, Courtney Mckenzie (officer's name), who duly sworn, deposes, and says that Franklin Parish Coroner Office (entity's name) received \$75,000 or less in revenues and other sources for the year ended 2024 (entity's year-end), and accordingly,
is not required to have an audit for the previously mentioned fiscal year.
OFFICER'S SIQUATURE Franklin Parish Coroner Secretary OFFICER'S TITLE
Sworn to and subscribed before me, this 17th day of February , 20 25
Maryn Hama
NOTARY PUBLIC SIGNATURE

Sworn Financial Statement

Entity Name:	Franklin Parish Coroner Office	Fiscal Year End:	2024
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Statement of Receipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
Deposits from other Parish governments 2.	\$ 27,230.00	\$ 4,573.90	\$ 31,803.90
			\$ 0.00
3.	_		\$ 0.00
4.			\$ 0.00
5.			\$ 0.00
6. Total receipts (add lines 1 - 5)	\$ 27,230.00	\$ 4,573.90	\$ 31,803.90
DISBURSEMENTS (Provide Brief Description):			
7. AT&T Phone Bill	\$ 1,466.32		\$ 1,466.32
8. Coroner Investigator Wages & Secretary Wages	\$ 9,950.00	\$ 3,600.00	\$ 13,550.00
9. Uniforms	\$ 256.50		\$ 256.50
10. Check Order	\$ 307.77		\$ 307.77
11. Forensics & Autopsy	\$ 2,130.00		\$ 2,130.00
12. Christmas Bonus	\$ 700.00		\$ 700.00
13. Total Disbursements (add lines 7 - 12)	\$ 14,810.59	\$ 3,600.00	\$ 18,410.59
14. Change in fund balance (Lines 6 minus 13)	\$ 12,419.41	\$ 973.90	\$ 13,393.31
15. Fund Balance at beginning of year			\$ 0.00
16. Fund balance (deficit) at end of year (Add lines 14-15) —This amount also goes on line 12, Statement B	\$ 12,419.41	\$ 973.90	\$ 13,393.31

Identify the Basis of Accounting, if not using Cash-Basis: QuikBooks

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.

Entity Name: Franklin Parish Coroner Office

Fiscal Year End: ____

2024

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end) 1. Cash and cash equivalents			
·	\$ 21,114.34	\$ 15,897.70	\$ 37,012.04
2. Investments (fair value)	\$ 0.00	\$ 0.00	\$ 0.00
3. Office furnishings (Cost of desks, etc)		<u></u>	\$ 0.00
4. Equipment (Cost of fax machine, etc)	\$ 0.00	\$ 0.00	\$ 0.00
5. Other (brief description)	\$ 0.00	\$ 0.00	\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 21,114.34	\$ 15,897.70	\$ 37,012.04
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):			
			\$ 0.00
8.			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 12,419.41	\$ 973.90	\$ 13,393.31
13. Other			\$ 0.00
-14Total Liabilities and Fund-Balance (add lines 11 - 13)	\$12,419.41	\$ 973.90	\$ 13,393.31

Schedule of Compensation, Benefits and Other Payments to Entity Head

	Joel Eldridge, D.O., Franklin Parish Coroner	
Agency Head Name, 1	Fitle:	

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

Sworn Financial Statement

Updated: 08/01/2023