

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

Entity Name: Parish Of Lasalle Corone	ity Name: Parish Of Lasalle Coroner				
Address: P.O. Box 2044 Jena, La 7134	42				
Telephone: 318-992-2166	Email: lasallepc57@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 <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, Kathy D. Thompson FNP-C (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 Parish Of Lasalle Coroner (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:

<u>Complete if Applicable:</u> In addition, <u>Pam Gresham-Chief Deputy</u> (officer's name), who duly sworn, deposes, and says that <u>Parish Of Lasalle Coroner</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>2024</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Jestam-Chief Deput OFFICER'S SIGNA

Sworn to and subscribed before me, this 20 day of MARCH

OFFICER'S TITLE

Parish Of Lasalle Coroner

2025

NOTARY PUBLIC SIGNATURE

DONALD LEE SANDIFER NOTARY PUBLIC ID # 15102 STATE OF LOUISIANA My Commission Expires With Life

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Entity Name: Parish Of Lasalle Coroner

Fiscal Year End: 2024

#### **Statement of Receipts and Disbursements**

#### Statement A

	General Fund	Other Fund		Total
<b>RECEIPTS (Provide Brief Description):</b>		line i		7.3
1. Commission Only Basis -Lasalle Parish Coroner	-		· .	\$14,250.00
2. CEC'S Other Parish	-			\$16,600.00
3.	A	and is		0
4.		and the second		0
5.				0
6. Total receipts (add lines 1 - 5)		0	0	\$30,850.00
DISBURSEMENTS (Provide Brief Description):				
7.				C
8.				0
9.				0
10.	4			0
11.				0
12.		-		
13. Total Disbursements (add lines 7 - 12)		0	0	0
14. Change in fund balance (Lines 6 minus 13)		0	0	\$30,850.00
15. Fund Balance at beginning of year			<u> </u>	<u>\$00,000.00</u> 0
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	0	0	0	0

### Identify the Basis of Accounting, if not using Cash-Basis: \_\_\_\_

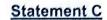
NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*  Entity Name: Parish Of LaSalle Coroner

Fiscal Year End: 2024

# **Balance Sheet**

### Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)	- ×.		
1. Cash and cash equivalents			\$ 0.00
2. Investments (fair value)	a second and a second and		\$ 0.00
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			\$ 0.00
5. Other (brief description)		1999	\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 0.00	\$ 0.00	\$ 0.00
7. Liabilities (brief description):			
			\$ 0.00
8.			
and the second			\$ 0.00
9.			
9.			\$ 0.00
9. 10.	\$ 0.00	\$ 0.00	\$ 0.00 \$ 0.00
9. 10. 11. Total Liabilities (add lines 7 - 10)	\$ 0.00	\$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00
<ul> <li>8.</li> <li>9.</li> <li>10.</li> <li>11. Total Liabilities (add lines 7 - 10)</li> <li>12. Fund balance (amount from Line 16 on Statement A)</li> <li>13. Other</li> </ul>			\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00



## Schedule of Compensation, Benefits and Other Payments to Entity Head

Kathy D. Thompson FNP-C- Parish of Lasalle

Agency Head Name, Title:

Purpose	Dollar Amount
1. Salary Commission Only Basis	\$14,250.00
2. Benefits-insurance	
3. Benefits-retirement	
4. 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	Contraction of the second
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)	\$14,250.00

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.)