

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

Entity Name: Parish Of Lasalle Coroner

Address: P.O. Box 2044 Jena, La 71342

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 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, 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: _____

Complete if Applicable: In addition, Pam Gresham-Chief Deputy (officer's name), who duly sworn, deposes, and says that Parish Of Lasalle Coroner (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.

Pam Gresham-Chief Deputy
OFFICER'S SIGNATURE

Parish Of Lasalle Coroner
OFFICER'S TITLE

Sworn to and subscribed before me, this 20 day of MARCH, 2025

Donald Lee Sandifer
NOTARY PUBLIC SIGNATURE



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



Entity Name: Parish Of Lasalle CoronerFiscal Year End: 2024**Statement of Receipts and Disbursements****Statement A**

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

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 CoronerFiscal Year End: 2024**Balance Sheet****Statement B**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents			\$ 0.00
2. Investments (fair value)			\$ 0.00
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 0.00	\$ 0.00	\$ 0.00
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)	\$ 0.00	\$ 0.00	\$ 0.00
13. Other			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 0.00	\$ 0.00	\$ 0.00

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Kathy D. Thompson FNP-C- Parish of Lasalle

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	
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.)