

10033

(EFPEDD)

Affidavit and Revenue Certification

East Feliciana Parish Economic Development District  
ENTITY NAME  
East Feliciana Parish  
Jackson, LA (City), State

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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, Larry Thomas (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of East Feliciana Parish Economic Development District (enter entity name) as of June 30, 2018 (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, Larry Thomas (officer name), who, duly sworn, deposes and says that EFPEDD (entity name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

[Signature]  
Officer's Signature

Sworn to and subscribed before me this 9th day of December, 2018.

[Signature]  
NOTARY PUBLIC SIGNATURE & SEAL

GINGER DAVIS  
NOTARY ID#82290

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 JAN 09 2019

Please Complete This Section  
Officer's Name Larry Thomas  
Officer's Title Chairman  
Address 5122 Airport Lane  
City, Zip Jackson, LA 70748  
Ph: Cell/Land 225-921-8231  
E-mail felicianairpark@gmail.com

LEGISLATIVE AUDITOR  
2018 DEC 21 AM 8:47

East Feliciana Parish Economic Development District  
(Agency Name) (EFPEDD)

Statement of Cash Receipts and Disbursements

For the Year Ended June 30, 2018  
(Year-End)

	General Fund	Other Airport Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Hunting Lease	\$	\$ 500.00	
2. Manger Rental		2500.00	
3. GA Maintenance Grant Dotd		1514.06	
4. Conference Room Rental		50.00	
5.			
6. Total receipts (add lines 1 - 5)	\$	\$ 4564.06	
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Insurance Airport	\$	\$ 3025.00	3025.00
8. Entergy		704.41	704.41
Office Equip Parts, Repairs, Supplies		369.21	369.21
9. BANK Charges		12.00	12.00
10. Limestone		1700.00	1700.00
11. Culverts		1284.80	1284.80
12. Total Disbursements (add lines 7 - 12)	\$	\$ 7095.42	7095.42
13. Change in fund balance ( Lines 6 minus 13)	\$	\$ -2531.36	\$ -2531.36
14. Fund Balance at beginning of year	\$ 523.02	\$ 7580.12	8103.14

16. Fund balance (deficit) at end of year (Add lines 14-15)

--This amount also goes on line 12, Statement B

\$523.02 \$5048.76 5571.78

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

East Feliciana Parish Economic Development District  
 (Agency Name)

Balance Sheet, on 6/30/2018  
 (Year-End)

	General Fund	Other Fund	Total
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**ASSETS** (balances at year-end) -Give brief description:

1. Cash and cash equivalents on hand	\$ 523.02	\$ 5048.76	\$ 5571.78
2. Investments (fair value) on hand <i>ADDED KITCHEN + RESTROOM</i>		243138.00	243138.00
3. Office furnishings (Cost of desks, etc)	500.00		500.00
4. Equipment (Cost of fax machine, etc)	6708.00	292.00	7000.00
5. Other (brief description)		NEW PRINTER	
6. <b>Total Assets</b> (add lines 1 - 5)	\$ 7731.02	\$ 248478.76	256209.78

**LIABILITIES AND FUND BALANCE** (at year-end):

7. Liabilities (give brief description):

8.	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			

12. Fund balance (amount from Line 16 on Statement A)	523.02	5048.76	5571.78
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 523.02	\$ 5048.76	\$ 5571.78

\_\_\_\_\_ (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 2018 (Year-End)

Agency Head Name and Title: none

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. 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.)