Greater ATCHAFALAYA Area Chamber (Entity Name)

AUBURNES PARISH, LA 71349 (City, Parish/State)

Simmesport, LA

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

Ms. Gayle Fransen Engagement Manager Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended \( \frac{\( \sigma\_{\text{Max}} \) \( \frac{30 - 2021}{2021} \) (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Jala Liveller
Officer's Signature

Lula Coy v. '(1'on See / Townsoner

**Enclosures** 

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

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

Entity Name: Dreater Otchofulage area Cha	apa af Communic				
Address: 235 alfala avayele	Abreich, summergent, ha				
Telephone: 318 - 941-2833 Email: 10/19 cous eqmail.com					
This annual sworn financial statement is required to be filed of the end of the entity's fiscal year by sending a pdf copy by 339-3986, or mailing to Louisiana Legislative Auditor – Lo Baton Rouge, LA 70804-9397.	email to <u>ereports@lla.la.gov</u> , faxing to 225-				
AFFIDAVIT	,				
Personally came and appeared before the undersigned	authority, Lula Pareller				
(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					
					(entity's name) as of 4172/-202/ (entity's year-en
then ended, in accordance with the basis of accounting de					
statements; that the entity has maintained a system of inter	nal control structure sufficient to safeguard				
assets and comply with laws and regulations; and that t	he entity has complied with all laws and				
regulations, except as follows:					
Complete if Applicable: In addition,	(officer's name), who duly				
sworn, deposes, and says that	(entity's name) received \$75,000				
or less in revenues and other sources for the year ended	(entity's year-end), and				
accordingly is not required to have an audit for the previously	y mentioned fiscal year.				
	President				
OFFICER'S SIGNATURE	OFFICER'S TITLE				
	L a				
Sworn to and subscribed before me, this day of	eptember 2021				
	BRITNI'G: TACOUR Notary Public State of Louisiana Avoyelles Parish				
NOTARY PUBLIC SIGNATURE & SEAL	Notary ID # 65263 Commissioned for Life				

Statement A Page 3

Sheeter #Tohafeleya aun Chamber of Commerce (Agency Name)

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

	General Fund	Other <u>Fun</u> d	Total
RECEIPTS (Provide Brief Description):			
1.	<u>\$</u>	\$	\$
2. TOTA) Dundo Received	I INTERNATIONS		
3. fram Hurnelles Person			
5. Galar Juny	<del></del>	<u> </u>	
			-
6. Total receipts (add lines 1 - 5)	\$17,796,23	\$	\$
DISBURSEMENTS (Provide Brief Description):	<b>A</b>	•	
7. telephone - Inland, Ironel	<u>\$</u>	\$	<u>\$</u>
9. assured up Keep, grastulling		***************************************	
10.			
11.			
12,			
13. Total Disbursements (add lines 7 - 12)	\$11122.20	\$	\$
4.4. Ohanna in fund halanna (Line austrum 42)	6 11 M2 53	· or	rh.
14. Change in fund balance (Lines 6 minus 13)	\$ 66 73,53		<u> </u>
15. Fund Balance at beginning of year	\$35 438.95	<u> </u>	<u>\$</u>
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$42 112,78	\$	\$

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

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

Balance Sheet			Statement B
	General Fund	Other Fund	<u>Total</u>
ASSETS (balances at year-end)  1. Cash and cash equivalents  2. Investments (fair value)	\$ 42,112,72	<u>s</u>	\$
3. Office furnishings (Cost of desks, etc)  4. Equipment (Cost of fax machine, etc)  5. Other (brief description)  6. Total Assets (add lines 1 - 5)	\$42,112.78		\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description); 8.	\$	\$	\$
9. 10. 11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A) 13. Other 14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$42 112 .78	\$	\$

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

## Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: V Chr. stocker Rousspan - 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.	

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.)