

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

Entity Name: Crime Stoppers of Ovachita Inc.  Address: P.O. Box 3066 Monroe, LA 71210
Address: P.O. Box 3066 Monroe, LA 71210
Telephone: (318)361-3104 Email: wmatthews ecrossky, bank
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 <a href="mailto:ereports@lla.la.gov">ereports@lla.la.gov</a> , 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, Wade Matthews (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 Coine Stoppers of (entity's name) as
of <u>December 31, 2023</u> (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, Wade Matthews (officer's name), who duly sworn,
deposes, and says that Crime Stoppers of Onachte, (entity's name) received \$75,000 or less
deposes, and says that Crime Stoppers of Omechite (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2023 (entity's year-end), and accordingly,
is not required to have an audit for the previously mentioned fiscal year.
OFFICER'S SIGNATURE  Treasurer OFFICER'S TITLE
Sworn to and subscribed before me, this
Patricia Ardis NOTARY PUBLIC SIGNATURE I.D. No. 062417 Commission is For Life

Sworn Financial Statement

Updated: 08/07/2023

Entity Name: Crime Stoppers of Onachita, Fiscal Year End: 12/31/23

#### **Balance Sheet**

#### Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)  1. Cash and cash equivalents	182741		182,741
2. Investments (fair value)			
Office furnishings (Cost of desks, etc)	-		<del></del>
4. Equipment (Cost of fax machine, etc)			_
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	182741		182,741
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)	182,741		182,741
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	182,741		182,741

Entity Name: Chaime Stoppers of Ouachita, Fiscal Year End: 12/31/23

Inc.

Statement of Receipts and Disbursements

Statement A

Statement of Neceipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. ACT 50 Funds	34,563		34,563
Interest (Banks)	590		596
4.			
5.			
6. Total receipts (add lines 1 - 5)	35,153		35,153
DISBURSEMENTS (Provide Brief Description):			
7. Postage of Box Rent Phone	1,695		1,695
8. Rewards Paid	14,659		14,659
10. Accorations	1,370		1,370
Advertising	7333	****	7,333
Dues of Office	3,060		3,060
12. Travel + Mea 5	67148		6,748
13. Total Disbursements (add lines 7 - 12)	34865		34,865
14. Change in fund balance ( Lines 6 minus 13)	288		288
15. Fund Balance at beginning of year	182,453		182,453
16. Fund balance (deficit) at end of year (Add lines 14-15)  —This amount also goes on line 12, Statement B	182,741		182,741

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.

### **Statement C**

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

Agency Head Name, Title:

Purpose	Dollar Amount
1. Salary	
2. Benefits-insurance	1
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)	

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.)

NA