

**Affidavit and Revenue Certification**

Abbeville Film and Visitors Commission ENTITY NAME  
Vermilion Parish  
Abbeville, La (City), State

**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, \_\_\_\_\_ (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Abbeville Film and Visitors Commission (enter entity name) as of 12/31/17 (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, Debra K. Carrot, (officer name), who, duly sworn, deposes and says that Abbeville Film and Visitors Commission (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/17, and accordingly, is not required to have an audit for the previously mentioned year.

  
Officer's Signature

Sworn to and subscribed before me this 27<sup>th</sup> day of March, 2018.

  
NOTARY PUBLIC SIGNATURE & SEAL

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 <u>APR 11 2018</u>

Please Complete This Section
Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

Abbeville Film and Visitors Commission  
(Agency Name)

**Statement of Cash Receipts and Disbursements**  
**For the Year Ended** 12/31/17  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>Donations</u>	\$ 2,516	\$	\$ 2,516
2.			
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 2,516</u>	<u>\$</u>	<u>\$ 2,516</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>Advertising</u>	\$ 60	\$	\$ 60
8. <u>Accounting</u>	425		425
9. <u>Contract Labor</u>	110		110
10. <u>Office</u>	125		125
11. <u>Rent</u>	2,728		2,728
12. <u>Telephone</u>	1,031		1,031
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 4,479</u>	<u>\$</u>	<u>\$ 4,479</u>
14. Change in fund balance (Lines 6 minus 13)	\$ (1,963)	\$	\$ (1,963)
15. Fund Balance at beginning of year	\$ 6,313	\$	\$ 6,313
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 4,350	\$	\$ 4,350

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

Abbeville Film and Visitors Commission  
(Agency Name)

Balance Sheet, on 12/31/17  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 4,350	\$	\$ 4,350
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	\$ 4,350	\$	\$ 4,350
<b>LIABILITIES AND FUND BALANCE</b> (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)	4,350		4,350
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 4,350	\$	\$ 4,350

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Abbeville Film and Visitors Commission (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 12/31/17 (Year-End)

Agency Head Name and Title: Gale Luquette, Chairman

Purpose	Dollar Amount
1. Salary	1. -0-
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. -0-

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.)

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor –  
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16