

**Village of Gilliam**

P.O. Box 129  
Gilliam, LA 71029

October 14, 2025

Office of Legislative Auditor  
Local Government Services  
PO Box 94397  
Baton Rouge, Louisiana 70804-8397

To Whom It May Concern:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue certification form and the annual financial statements for my office as of and for the year ended June 30, 2025. The statements include all funds under the control of this entity. The statements have been prepared on the cash basis of accounting.

Please advise if additional information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'AO', is written over a horizontal line.

Adam Oliver  
Mayor  
Village of Gilliam

AO/dag

Enclosures

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

Entity Name: VILLAGE OF GILLIAM

Address: PO BOX 129, GILLIAM LA 71029

Telephone: 318-676-9594

Email: GILLIAMVILLAGE@GMAIL.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](mailto: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, ADAM OLIVER (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 VILLAGE OF GILLIAM (entity's name) as of JUNE 30, 2025 (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, ADAM OLIVER (officer's name), who duly sworn, deposes, and says that VILLAGE OF GILLIAM (entity's name) received \$75,000 or less in revenues and other sources for the year ended JUNE 30, 2025 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.



OFFICER'S SIGNATURE

MAYOR

OFFICER'S TITLE

Sworn to and subscribed before me, this 13 day of OCTOBER, 20 25



NOTARY PUBLIC SIGNATURE

**PATRICIA D. BYRD**  
NOTARY PUBLIC, ID#77382  
PARISH OF CADDO  
MY COMMISSION IS FOR LIFE





Entity Name: VILLAGE OF GILLIAMFiscal Year End: JUNE 30, 2025**Statement of Receipts and Disbursements****Statement A**

|  | <u>General<br/>Fund</u> | <u>Other<br/>Fund</u> | <u>Total</u>        |
|--|-------------------------|-----------------------|---------------------|
| <b>RECEIPTS (Provide Brief Description):</b>   |                         |                       |                     |
| 1.<br>FRANCHISE TAX  | \$ 11,611.68            |                       | \$ 11,611.68        |
| 2.<br>INS OCCUPATIONAL LICENSE   | \$ 11,566.65            |                       | \$ 11,566.65        |
| 3.<br>LIBRARY FUNDS  | \$ 9,327.00             |                       | \$ 9,327.00         |
| 4.<br>OCCUPATIONAL LICENSE   | \$ 600.00               |                       | \$ 600.00           |
| 5.<br>MISCELLANEOUS (MM,RENT)  | \$ 13,300.00            |                       | \$ 13,300.00        |
| 6. <b>Total receipts</b> (add lines 1 - 5)   | <u>\$ 46,405.33</u>     | <u>\$ 0.00</u>        | <u>\$ 46,405.33</u> |
| <b>DISBURSEMENTS (Provide Brief Description):</b>  |                         |                       |                     |
| 7.<br>UTILITIES  | \$ 13,406.85            |                       | \$ 13,406.85        |
| 8.<br>LIBRARY EXPENSE  | \$ 7,163.70             |                       | \$ 7,163.70         |
| 9.<br>PAYROLL  | \$ 15,726.41            |                       | \$ 15,726.41        |
| 10.<br>INSURANCE   | \$ 3,096.27             |                       | \$ 3,096.27         |
| 11.<br>PROPERTY PURCHASE   | \$ 2,615.50             |                       | \$ 2,615.50         |
| 12.<br>MISCELLANEOUS   | \$ 1,718.66             |                       | \$ 1,718.66         |
| 13. <b>Total Disbursements</b> (add lines 7 - 12)  | <u>\$ 43,727.39</u>     | <u>\$ 0.00</u>        | <u>\$ 43,727.39</u> |
| 14. Change in fund balance ( Lines 6 minus 13)   | \$ 2,677.94             | \$ 0.00               | \$ 2,677.94         |
| 15. Fund Balance at beginning of year  | \$ 442.81               |                       | \$ 442.81           |
| 16. Fund balance (deficit) at end of year (Add lines 14-15)<br>--This amount also goes on line 12, Statement B | \$ 3,120.75             | \$ 0.00               | \$ 3,120.75         |

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: VILLAGE OF GILLIAMFiscal Year End: JUNE 30, 2025**Balance Sheet****Statement B**

|   | <u>General<br/>Fund</u> | <u>Other<br/>Fund</u> | <u>Total</u>       |
|---|-------------------------|-----------------------|--------------------|
| <b>ASSETS</b> (balances at year-end)                              |                         |                       |                    |
| 1. Cash and cash equivalents                                      | \$ 3,120.75             |                       | \$ 3,120.75        |
| 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. <b>Total Assets</b> (add lines 1 - 5)                          | <u>\$ 3,120.75</u>      | <u>\$ 0.00</u>        | <u>\$ 3,120.75</u> |
| <b>LIABILITIES AND FUND BALANCE</b> (at year-end):                |                         |                       |                    |
| 7. Liabilities (brief description):                               |                         |                       | \$ 0.00            |
| 8.  |                         |                       | \$ 0.00            |
| 9.  |                         |                       | \$ 0.00            |
| 10.   |                         |                       | \$ 0.00            |
| 11. <b>Total Liabilities</b> (add lines 7 - 10)                   | \$ 0.00                 | \$ 0.00               | \$ 0.00            |
| 12. Fund balance (amount from Line 16 on Statement A)             | \$ 3,120.75             | \$ 0.00               | \$ 3,120.75        |
| 13. Other   |                         |                       | \$ 0.00            |
| 14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13) | <u>\$ 3,120.75</u>      | <u>\$ 0.00</u>        | <u>\$ 3,120.75</u> |



Statement C

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

Agency Head Name, Title: ADAM OLIVER, MAYOR

| Purpose   | Dollar Amount |
|---|---------------|
| 1. Salary   |               |
| 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)                        | \$ 0.00       |

☐ 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.)