

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

Entity Name: St. Tammany Parish Levee Drainage and Conservation District
Address: 2805 Pontchartrain Drive, Suite 17, Slidell, LA 70458
Telephone: 985-201-3349 Email: stevestldcd@charter.net
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 , 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, Stephen Price, Treasurer (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 St. Tammany Parish Levee Drainage and Conservation District (entity's name) as
of
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: none noted
ionows: Notes
Complete if Applicable: In addition, Stephen Price, Treasurer (officer's name), who duly sworn,
Complete if Applicable: In addition, Stephen Price, Treasurer (officer's name), who duly sworn, deposes, and says that St. Tammany Parish Levee Drainage (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.
Treasurer Treasurer
OFFICER'S SIGNATURE OFFICER'S TITLE
Sworn to and subscribed before me, this
Mary E. Spears, Notary Public #58914 My Commission expires with my life My Commission expires with my life

Statement of Receipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. CPRA	\$ 20,675.15		\$ 20,675.15
2.	Ψ 20,073.13		Ψ 20,070.10
			\$ 0.00
3.			\$ 0.00
4.			\$ 0.00
5.			\$ 0.00
6. Total receipts (add lines 1 - 5)	\$ 20,675.15	\$ 0.00	\$ 20,675.15
DISBURSEMENTS (Provide Brief Description):			
7. Insurance	\$ 4,955.21		\$ 4,955.21
8.	£ 44 000 0E		£ 44 200 05
Professional Services 9.	\$ 14,290.95		\$ 14,290.95
Travel	\$ 1,504.36		\$ 1,504.36
10.			
Dues 11.	\$ 1,250.00		\$ 1,250.00
Office Supplies and Internet	\$ 1,186.03		\$ 1,186.03
Seminars/Workshops	\$ 1,000.00		\$ 1,000.00
13. Total Disbursements (add lines 7 - 12)	\$ 24,186.55	\$ 0.00	\$ 24,186.55
14. Change in fund balance (Lines 6 minus 13)			
	\$ 3,511.40	\$ 0.00	\$ 3,511.40
15. Fund Balance at beginning of year	\$ 39,952.56		\$ 39,952.56
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	36441.16	0	36441.16

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.

Fiscal Year End: June 30, 2025

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents			
	\$ 36,441.16		\$ 36,441.16
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. Total Assets (add lines 1 - 5)	\$ 36,441.16	\$ 0.00	\$ 36,441.16
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):			
r. Elabilitios (brior description).			\$ 0.00
8.			\$ 0.00
9.			
40			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)			
42 Other	36441.16	0	36441.16
13. Other			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 36,441.16	\$ 0.00	\$ 36,441.16

Sworn Financial Statement Updated: 08/07/2023

Schedule of Compensation, Benefits and Other Payments to Entity Head

		Suzanne Kreiger, Board Chairman
Agency Head Name,	Title:	

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	\$ 1,504.36
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)	\$ 1,504.36

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.)

Sworn Financial Statement Updated: 08/07/2023