Entity Name: <u>Lakewood East Security and Improvement District</u>
Address: 7200 Farwood Drive; New Orleans, LA; 70126
Telephone: 504 343-0035 Email: emobley@nocoxmail.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 <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, <u>Elisha Mobley</u> (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 <u>Lakewood East Security and Improvement District</u> (entity's
name) as of 2019 (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: N/A
Complete if Applicable: In addition, Elisha Mobley (officer's name), who duly sworn, deposes, and says that Lakewood East Security Improvement District (entity's name) received \$75,000 or less in revenues and other sources for the year ended 2019 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.
OFFICER'S SIGNATURE  President OFFICER'S TITLE
Sworn to and subscribed before me, this $25^{\text{h}}$ day of $40^{\text{h}}$ , $202$
ASHLEIGH JOHNSON NOTARY/PUBLIC SIGNATURE & SEAL NOTARY/PUBLIC SIGNATURE & SEAL ASHLEIGH JOHNSON Notary Public Notary ID No. 172751 Jefferson Parish, Louisiana

Entity Name: Lakewood East Security & Improvement District Fiscal Year End: 2019

### Statement of Receipts and Disbursements

### Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. City of New Orleans Tax payments	\$ 32670.00	\$	\$32670.00
2.			
2. 3.			
4,			
5.			
6. Total receipts (add lines 1 - 5)	\$32670.00	\$	\$32670.00
7.Security Patrol Service 8.Special cleaning and lawn service 9.Miscellaneous fees 10.Event –Night Out Against Crime 11.	\$18272.00 \$ 3675.00 \$ 27.35 \$ 500.00	\$	\$18272.00 \$ 3675.00 \$ 27.35 \$ 500.00
12.			···· · · · · · · · · · · · · · · · · ·
	400474.05	\$	\$22474.35
13. Total Disbursements (add lines 7 - 12)	\$22474.35	= Ψ	Ψ22-77-300
ty to the second	\$22474.35 \$10195.65	= <del>Ψ</del>	\$10195.65
13. Total Disbursements (add lines 7 - 12)	<del></del>	= <del></del>	

ldentify the Basis of Accounting, if not using Cash-Basis:	N/A
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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: Lakewood East Security & Improvement District Fiscal Year End: 2019

		Statement B
 General Fund	Other Fund	Total
\$ 39774.30	\$	\$ 39774.30
 •		
\$ 39774.30	\$	\$ 39774.30
\$ 0.00	\$	\$
 	· <del> </del>	
\$ 0.00		
\$ 39774.30		39774.30
 0.00		
\$ 39774.30	\$	\$ 39774.30
\$ \$ \$	\$ 39774.30 \$ 39774.30 \$ 0.00 \$ 0.00 \$ 39774.30 0.00	Fund     Fund       \$ 39774.30     \$       \$ 39774.30     \$       \$ 0.00     \$       \$ 39774.30     0.00

Entity Name: <u>Lakewood East Security & Improvement District</u> Fiscal Year End: 2019

#### Statement C

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

Agency Head Name and Title: Lorraine Thornton; President

Purpose	Dollar Amount
1. Salary	1. N/A
2. Benefits-insurance	. N/A
3. Benefits-retirement	. N/A
4. Benefits-other (describe)	. N/A
5. Benefits-other (describe)	. N/A
6. Benefits-other (describe)	. N/A
7. Car allowance	. N/A
8. Vehicle provided by government (if reported on your W-2)	. N/A
9. Per diem	. N/A
10. Reimbursements	. N/A
11. Travel	. N/A
12. Registration fees	. N/A
13. Conference travel	. N/A
14. Housing	. N/A
15. Unvouchered expenses (example: travel advances, etc.)	. N/A
16. Special meals	. N/A
17. Other .	. N/A
18. TOTAL (enter total of line 1-17)	18. \$ 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.)