

Affidavit and Revenue Certification

Poverty Point Reservoir District ENTITY NAME
Richland Parish
Delhi, 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, Mike Martini (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Poverty Point Reservoir District (enter entity name) as of 6-30-18 (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, Mike Martini (officer name), who, duly sworn, deposes and says that Poverty Point Reservoir District (entity name) received \$75,000 or less in revenues and other sources for the year ended 6-30-18, and accordingly, is not required to have an audit for the previously mentioned year.

Mike Martini Officer's Signature

Sworn to and subscribed before me this 3rd day of October, 2018.

[Signature] NOTARY PUBLIC SIGNATURE & SEAL



Troy Quinn Richards Notary Public Notary Number 16447 Richland Parish, Louisiana

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 OCT 10 2018

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

Poverty Point Assessor District  
(Agency Name)

Statement of Cash Receipts and Disbursements  
For the Year Ended 6-30-18  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>RENT</u>	\$ 5400	\$	\$ 5400
2. <u>INTEREST</u>	75	103	178
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 5475</u>	<u>\$ 103</u>	<u>\$ 5578</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>INSURANCE</u>	\$ 6427	\$	\$ 6427
8. <u>OFFICE</u>	85		85
9. <u>REPAIRS</u>	1196		1196
10. <u>UTILITIES</u>	3871		3871
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 11579</u>	<u>\$ -</u>	<u>\$ 11579</u>
14. Change in fund balance ( Lines 6 minus 13)	<u>\$ (6104)</u>	<u>\$ 103</u>	<u>\$ (6001)</u>
15. Fund Balance at beginning of year	<u>\$ 28883</u>	<u>\$ 277679</u>	<u>\$ 306562</u>
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 22779</u>	<u>\$ 277782</u>	<u>\$ 300561</u>

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

Poverty Point Reservoir District  
(Agency Name)

Balance Sheet, on 6-30-18  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS (balances at year-end) -Give brief description:</b>			
1. Cash and cash equivalents on hand	\$ 21329	\$ 267327	\$ 288656
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)		9079	9079
4. Equipment (Cost of fax machine, etc)		1328	1328
5. Other (brief description) <u>PREPAID INS/INT RES</u> 1861	1861	48	1909
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$23190</u>	<u>\$277782</u>	<u>\$300972</u>
<b>LIABILITIES AND FUND BALANCE (at year-end):</b>			
7. Liabilities (give brief description):			
8. <u>ACCOUNTS PAYABLE</u>	\$ 411	\$	\$ 411
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	411		411
12. Fund balance (amount from Line 16 on Statement A)	22779	277782	300561
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$23190</u>	<u>\$277782</u>	<u>\$300972</u>

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Poverty Point Assessor District (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 6-30-18 (Year-End)

Agency Head Name and Title: \_\_\_\_\_

Purpose	Dollar Amount
1. Salary	1.
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.

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.)

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