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Affidavit and Revenue Certification

Bonne Lee GRAVITY DRAINAGE DISTRICT ENTITY NAME
MOREHOUSE Parish
OAK Ridge 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, LYNN WINNON JR (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of BONNE LEE GRAVITY DRAINAGE DIST. (enter entity name) as of December 31st 2018 (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, CECIL E. SIMS (officer name), who, duly sworn, deposes and says that BONNE LEE GRAVITY DRAINAGE DIST (entity name) received \$75,000 or less in revenues and other sources for the year ended December 31st 2018, and accordingly, is not required to have an audit for the previously mentioned year.

Cecil E. Sims Officer's Signature

Sworn to and subscribed before me this 6 day of MARCH, 2019.

Marilyn S. Winnon NOTARY PUBLIC SIGNATURE & SEAL

MARILYN S. WINNON NOTARY PUBLIC # 88233 STATE OF LOUISIANA My Commission Expires with Life.

For Office Use Only Under provisions of state law, this report will become a public document on the Monday following the release date. Release Date MAR 20 2019

Please Complete This Section Officer's Name LYNN WINNON JR Officer's Title CHAIRMAN Address 4619 LYNN WINNON RD City, Zip OAK RIDGE LA 71264 Ph: Cell/Land 318-282-5200 / 244-5346 E-mail marilynwinnon@aol.com

Bonne Lee GRAVITY DRAINAGE DIST
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended Dec. 31st 2018
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>DPA TAXES</u>	\$ 24,546.10	\$	\$ 24,546.10
2. <u>INTEREST</u>	212.71		212.71
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 24,758.81</u>	<u>\$</u>	<u>\$ 24,758.81</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>REPLACING ROCK @ SPILLWAYS</u>	\$	\$	\$
8. <u>WORK ON FLOORING PIERS</u>			
9. <u>MOWING & SPRINGING</u>			
10. <u>TRASH PICKUPS</u>			
11. <u>CHEMICALS</u>			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 19,588.36</u>	<u>\$</u>	<u>\$ 19,588.36</u>
14. Change in fund balance (Lines 6 minus 13)	+ \$ 5,170.45	\$	+ \$ 5,170.45
15. Fund Balance at beginning of year	\$ 95,486.69	\$	\$ 95,486.69
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 100,657.14	\$	\$ 100,657.14

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

BOWNE LEE GRADING DRAINAGE DIST.
 (Agency Name)

Balance Sheet, on DEC 13ST 2018
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 100,657.14	\$	\$ 100,657.14
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. Total Assets (add lines 1 - 5)	\$	\$	\$ 100,657.14
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$ 0.00
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			0.00
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$ 100,657.14

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Bonne Terre Gravity Drainage Dist (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 DEC 31ST 2008 (Year-End)

Agency Head Name and Title: LYNN WINNON JR - CHAIRMAN

Purpose	Dollar Amount
1. Salary	1. <u>None</u>
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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