

Executive/Central Committee Name: WEST FELICIANA PARISH REPUBLICAN

City: _____ Parish: WEST FELICIANA

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

Date: _____

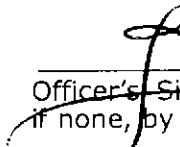
VIA Email: ereports@lla.la.gov

Ms. Gayle Fransen, CPA
Local Government Reporting Manager
Office of the Louisiana Legislative Auditor

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 18:447 and 464(F), enclosed are the certified annual financial statements for my office, as of and for the year ended DECEMBER 31, 2025. The statements include all funds under the control of this entity.

Sincerely,



Officer's Signature (must be signed by Treasurer or, if none, by the chairman)

CHARLES GRIFFIN, CHAIRMAN

Officer's Name/Title

Street/P.O. Box Address CHARLES E. GRIFFIN, II
P.O. BOX 1817

City/Zip Code ST. FRANCISVILLE, LA 70775

Telephone Number (225) 635-6890

Email Address C.GRIFFINLAWFIRM@ATT.NET

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS.

Executive/Central Committee Name: WEST FELICIANA PARISH REPUBLICAN EXECUTIVE COMMITTEE
 Statement of Financial Position at 12/31/25 (month, day and year of fiscal year end)

ASSETS (balances at year-end)

1	Cash and cash equivalents on hand _____	<u>0.00</u>
2	Investments (fair value) on hand _____	<u>0.00</u>
3	Office furnishings (cost of desks, etc.) _____	<u>0.00</u>
4	Equipment (cost of computers, etc.) _____	<u>0.00</u>
5	Other (brief description) _____	<u>0.00</u>
6	Total Assets (add lines 1-5)	<u>\$ 0.00</u>

LIABILITIES AND NET ASSETS (balances at year-end):

7	Liabilities (give brief description): _____	<u>0.00</u>
8	_____	_____
9	_____	_____
10	Total Liabilities (add lines 7-9)	<u>\$ 0.00</u>
11	Total Net Assets (line 6 minus line 10, which should be the same as amount from Form B, line 16)	<u>\$ 0.00</u>
12	Total Liabilities and Net Assets (add lines 10 and 11)	<u>\$ 0.00</u>

This amount should match Line 6 above.

Executive/Central Committee Name: PARISH WEST FELICIANA REPUBLICAN EXECUTIVE COMMITTEE

Statement of Cash Receipts and Disbursements

As of and For the Year Ended 12/31/25 (month, day and year of fiscal year end)

RECEIPTS:

1	National/State Party Contributions _____	<u>0.00</u>
2	Donations _____	<u>0.00</u>
3	Other (brief description) _____	_____
4	Other (brief description) _____	_____
5	Other (brief description) _____	_____
6	Total Receipts (add lines 1-5)	<u>\$ 0.00</u>

DISBURSEMENTS (Provide Brief Description):

7	Bank Charges _____	<u>0.00</u>
8	Meetings _____	<u>0.00</u>
9	Outreach (radio, newspaper, mailings) _____	<u>0.00</u>
10	Utilities _____	<u>0.00</u>
11	Other (brief description) _____	_____
12	Other (brief description) _____	_____
13	Total Disbursements (add lines 7-12)	<u>\$ 0.00</u>
14	Change in Net Assets (Line 6 minus line 13)	<u>\$ 0.00</u>
15	Net Assets at Beginning of the Year (taken from previous year's report, Form A, line 11)	<u>0.00</u>
16	Net Assets (deficit) at End of Year (Add lines 14 and 15) - This line should match Form A, line 11.	<u>\$ 0.00</u>