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Affidavit and Revenue Certification

AVOYELLES PARISH GRAVITY DRAINAGE DISTRICT #1

Avoyelles Parish  
Simmesport, Louisiana

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, **Thomas Laborde, President**, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Avoyelles Parish Gravity Drainage District #1 as of December 31, 2017, 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, **Thomas Laborde, President**, who, duly sworn, deposes and says that Avoyelles Parish Gravity Drainage District #1 received \$75,000 or less in revenues and other sources for the year ended December 31, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

*Thomas Laborde*  
\_\_\_\_\_  
Officer's Signature

Sworn to and subscribed before me this 2 day of May, 2018.

*Britni G. Lacour*  
\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL



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 <u>MAY 30 2018</u>

Please Complete This Section	
Officer's Name	<u>THOMAS LABORDE</u>
Officer's Title	<u>PRESIDENT</u>
Address	<u>246 TRIPLE J LANE</u>
City, Zip	<u>SIMMESPORT, 71369</u>
Ph: Cell/Land	_____
E-mail	_____

## AVOUELLES PARISH GRAVITY DRAINAGE DISTRICT #1

Statement of Cash Receipts and Disbursements  
For the Year Ended December 31, 2017

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Tax Receipts	\$ 12,467.08	\$	\$ 12,467.08
2. Checking Account Interest	144.79		144.79
3. Reimbursement for Culvert	3,000.00		3,000.00
4. Certificate of Deposit Interest	212.37		212.37
5. Certificate of Deposit Interest	169.59		169.59
6. <b>Total receipts</b> (add lines 1 - 5)	<b>\$ 15,993.83</b>	<b>\$</b>	<b>\$ 15,993.83</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Culverts	\$ 7,000.00	\$	\$ 7,000.00
8. Labor	12,435.00		12,435.00
9. Equipment Rental	1,150.00		1,150.00
10. Fuel	100.01		100.01
11. Misc	133.80		133.80
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<b>\$ 20,818.81</b>	<b>\$</b>	<b>\$ 20,818.81</b>
14. Change in fund balance ( Lines 6 minus 13)	\$ (4,824.98)	\$	\$ (4,824.98)
15. Fund Balance at beginning of year	\$ 168,135.08	\$	\$ 168,135.08
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<b>\$ 163,310.10</b>	<b>\$</b>	<b>\$ 163,310.10</b>

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

## AVOUELLES PARISH GRAVITY DRAINAGE DISTRICT #1

Balance Sheet, on December 31, 2017

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 90,568.24	\$	\$ 90,568.24
2. Investments (fair value) on hand	72,741.86		72,741.86
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	<b>\$ 163,310.10</b>	<b>\$</b>	<b>163,310.10</b>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Payroll taxes payable	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	0.00		0.00
12. Fund balance (amount from Line 16 on Statement A)	163,310.10		163,310.10
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<b>\$ 163,310.10</b>	<b>\$</b>	<b>163,310.10</b>

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**AVOYELLES PARISH GRAVITY DRAINAGE DISTRICT #1**

**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 **December 31, 2017**

**Agency Head Name and Title: Thomas Laborde, President**

<b>Purpose</b>	<b>Dollar Amount</b>
1. Salary	
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (Social Security & Medicare Match)	
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	
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)	

X  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.)

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