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CATER ATCHAFALBY ARea Chonen(Entity Name) Choyelles Amich), La 71369 (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) (ugust 30-2032

Ms. Gayle Fransen Engagement Manager Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ender (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Jula Covilion Officer's Signature

Enclosures (5)

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT 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

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Steates atshaplana area Chamber of Commerce Address: 235 alfred Dy. Simmaport, har 71369 Telephone: 3/8-359-4081 Email: 1 Ma Coy 2 Camail . lom

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 <u>ereports@lla.la.gov</u>, 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>Jule Covelland</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>Sectory Memoreco</u> (entity's name) as of <u>Migzo-2022</u> (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:

<u>Complete if Applicable:</u> In addition, <u>Chris Rousseau</u> (officer's name), who duly sworn, deposes, and says that <u>Andr. Atthogstand Ann Chonder</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>June 30, 2024</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

Sworn to and subscribed before me, this 30 day of OuguSt 20 A N8 OFFICIAL SEAL STACEY BORDELON NOTARY PUBLIC SIGNATI NOTARY ID # 84874 STATE OF LOUISIANA PARISH OF AVOYELLES My Commission is for Life

Please submit a odf copy of the completed form to: ereports@lla.la.gov - Updated 01/22

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Charles Charles Fiscal Year End: June 30, 202, 2

<u>Statement A</u>

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			_
1.	\$	\$	<u>\$</u>
<u>2.</u> <u>3.</u>			<u></u>
3.			
4.			
5.	101001 1 TIL		
6. Total receipts (add lines 1 - 5)	\$17281.3/2	\$	<u>\$</u>
DISBURSEMENTS (Provide Brief Description): 7. 8. 9.	\$	\$	\$
10.			
11.		• • • • • • • • • • • • • • • • • • •	
<u>12.</u>		<u></u>	
13. Total Disbursements (add lines 7 - 12)	\$16.168.86	<u>\$</u>	\$
14. Change in fund balance (Lines 6 minus 13)	\$ 1112.50	\$	\$
15. Fund Balance at beginning of year	\$42,112.75	۶ <u>\$</u>	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$43,225.2	8\$	\$

Identify the Basis of Accounting, if not using Cash-Basis:

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: Suiter alchefolen nater Chanken Fiscal Year End Juin 30, 20 h2

Balance Sheet

General Other Fund Fund Total ASSETS (balances at year-end) \$4/325.28\$ \$ 1. Cash and cash equivalents 2. Investments (fair value) 3. Office furnishings (Cost of desks, etc) 4. Equipment (Cost of fax machine, etc) 5. Other (brief description) \$ 43225.28\$ 6. Total Assets (add lines 1 - 5) \$ LIABILITIES AND FUND BALANCE (at year-end): \$ 7. Liabilities (brief description): \$ \$ 8. 9. 10. 11, Total Liabilities (add lines 7 - 10) 12. Fund balance (amount from Line 16 on Statement A) 13. Other 14. Total Liabilities and Fund Balance (add lines 11 - 13) \$4/3225.28 \$ \$

Statement B

Please submit a pdf copy of the completed form to: ereports@lia.ia.gov - Updeted 01/22

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Audy alshofoling aus Chanles Fiscal Year End: June 30-2092

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Titler Chris Rousseau President

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. Carallowance	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.)

Please submit a pdf copy of the completed form to: ereports@lla:ia.gov ~ Updated 01/22