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**Affidavit and Revenue Certification**

West Carroll Parish Coroner

Oak Grove – West Carroll Parish - 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, NOLI C. GUINIGUNDO (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of CORONER, WEST CARROLL (enter entity name) as of December 31, 2019 (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.

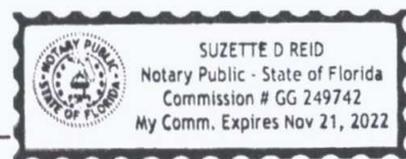
**(Complete if applicable)**

In addition, **Noli Guinigundo**, who, duly sworn, deposes and says that **Coroner of West Carroll Parish** received \$75,000 or less in revenues and other sources for the year ended December 31, 2019, and accordingly, is not required to have an audit for the previously mentioned year.

*Noli Guinigundo*  
Noli Guinigundo

Sworn to and subscribed before me this 12 day of February, 2020.

*Suzette D Reid*  
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>MAR 04 2020</u>

Please Complete This Section
Officer's Name <u>Dr. Noli C Guinigundo</u>
Officer's Title <u>Coroner</u>
Address <u>10852 SAVONA WAY</u>
City, Zip <u>ORLANDO, FL 32827-7271</u>
Ph: Cell/Land <u>318-428-2358 537-1161</u>
E-mail <u>NOLI.GUINIGUNDO@GMAIL.COM</u>

## West Carroll Parish Coroner

Statement of Cash Receipts and Disbursements  
For the Year Ended December 31, 2019

	General Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>		
1. Services Rendered	\$ 2,070	\$ 2,070
2.		
3.		
4.		
5.		
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 2,070</u>	<u>\$ 2,070</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>		
7. Conference	\$ 3,600	\$ 3,600
8. Donation	600	600
9. CPA Services	100	100
10.		
11. Closeout...see Schedule C	42,294	42,294
12.		
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 46,119</u>	<u>\$ 46,119</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ (44,049)	\$ (44,049)
15. Fund Balance at beginning of year	\$ 44,049	\$ 44,049
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 0	\$ 0

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

West Carroll Parish Coroner

**Balance Sheet, on December 31, 2019**

	<b>General Fund</b>	<b>Total</b>
<b>ASSETS</b> (balances at year-end) -Give brief description:		
1. Cash and cash equivalents on hand	\$ 0	\$ 0
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. <b>Total Assets</b> (add lines 1 - 5)	<b>\$ 0</b>	<b>\$ 0</b>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):		
7. Liabilities (give brief description):		
8.	\$ 0	\$ 0
9.		
10.		
11. <b>Total Liabilities</b> (add lines 7 - 10)		
12. Fund balance (amount from Line 16 on Statement A)		
13. Other		
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<b>\$ 0</b>	<b>\$ 0</b>

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**West Carrol Parish Coroner**

**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, 2019

**Agency Head Name and Title: Noli Guinigundo, MD, Parish Coroner**

<b>Purpose</b>	<b>Dollar Amount</b>
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...Dr Guinigundo retired and moved to Florida at the end of 2019. The account is his funds and by this disclosure is being retained by him. No further reporting is required unless otherwise requested.	17. \$ 42,294
18. TOTAL (enter total of line 1-17)	18. \$ 42,294

\_\_\_\_\_ 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.)