

Executive/Central Committee Name: ST. BERNARD PARISH DEMOCRATIC COMMITTEE

City: CHALMETTE

Parish: ST. BERNARD

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

Date: 12/31/2025

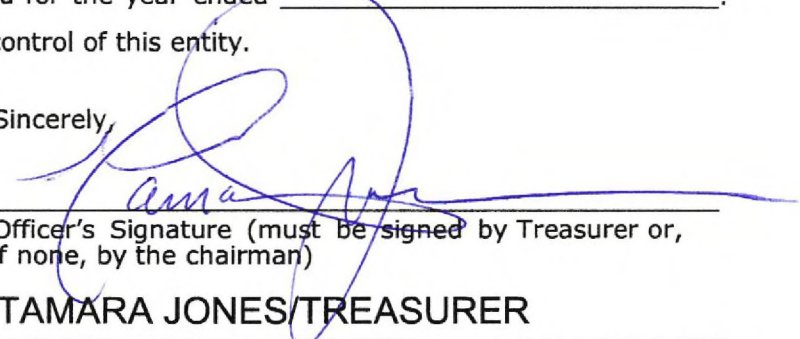
VIA Email: ereports@lla.la.gov

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 12/31/2025.
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)

TAMARA JONES/TREASURER

Officer's Name/Title

Street/P.O. Box Address 4908 EAST JUDGE PEREZ DRIVE

City/Zip Code VIOLET, LOUISIANA 70092

Telephone Number (504)382-3699

Email Address ttcommunications1@yahoo.com

Enclosures

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

Form updated May 2023

Executive/Central Committee Name: ST. BERNARD PARIS DEMOCRATIC COMMITTEE

Statement of Financial Position at 12/31/2025 (month, day and year of fiscal year end)

ASSETS (balances at year-end)

1	Cash and cash equivalents on hand _____	\$ 13,115.03
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>\$ 13,115.03</u>

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

7	Liabilities (give brief description): _____	<u>\$ 0.00</u>
8	_____	<u>\$ 0.00</u>
9	_____	<u>\$ 0.00</u>
10	Total Liabilities (add lines 7-9)	<u>0</u>
11	Total Net Assets (line 6 minus line 10, which should be the same as amount from Form B, line 16)	<u>\$ 13,115.03</u>
12	Total Liabilities and Net Assets (add lines 10 and 11)	<u>\$ 13,115.03</u>

This amount should match Line 6 above.

Executive/Central Committee Name: ST. BERNARD PARISH DEMOCRATIC COMMITTEE

Statement of Cash Receipts and Disbursements

As of and For the Year Ended 12/31/2025 (month, day and year of fiscal year end)

RECEIPTS:

1	National/State Party Contributions _____	\$ 0.00
2	Donations _____	\$ 0.00
3	Other (brief description) _____	\$ 0.00
4	Other (brief description) _____	\$ 0.00
5	Other (brief description) _____	\$ 0.00
6	Total Receipts (add lines 1-5)	<u>0</u>

DISBURSEMENTS (Provide Brief Description):

7	Bank Charges _____	\$ 0.00
8	Meetings _____	\$ 0.00
9	Outreach (radio, newspaper, mailings) _____	\$ 0.00
10	Utilities _____	\$ 0.00
11	Other (brief description) _____	\$ 0.00
12	Other (brief description) _____	\$ 0.00
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>\$ 13,115.03</u>
16	Net Assets (deficit) at End of Year (Add lines 14 and 15) - This line should match Form A, line 11.	<u>\$ 13,115.03</u>