

AFFIDAVIT AND REVENUE CERTIFICATION

Jefferson Davis Parish Gravity Drainage District #5

**Jefferson Davis Parish
Welsh, LA**

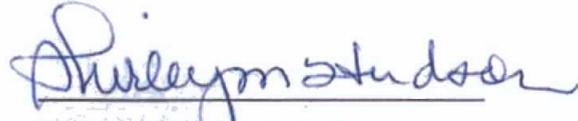
**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)**

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 revenue \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513 (J)(1)(c)(i)(aa).

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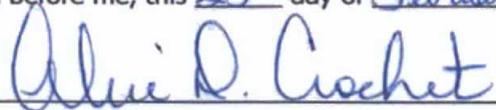
Personally came and appeared before the undersigned authority, Shirley M. Hudson who, duly sworn, deposes and says that the financial statement herewith given presents fairly the financial position of the Jefferson Davis Parish Gravity Drainage District #5 as of December 31, 2017, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statement.

In addition, Shirley M. Hudson, who duly sworn, deposes and says that the Jefferson Davis Parish Gravity Drainage District #5 received \$75,000 or less in revenues and other sources for the fiscal year ending December 31, 2017, and accordingly, is not required to have an audit for the previously mentioned fiscal year-end.

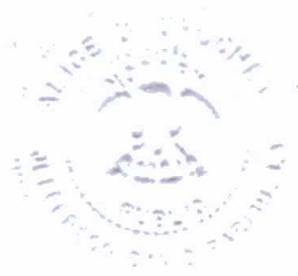


Shirley M. Hudson, Secretary

Sworn to and subscribed before me, this 23rd day of February, 2018.



NOTARY PUBLIC SIGNATURE AND SEAL



Officer: Shirley M. Hudson
Title: Secretary
Address: P. O. Box 352
Welsh, LA 70591
Telephone: 337/523-8949
E-mail: shirley101745@hotmail.com

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date APR 11 2018

JEFFERSON DAVIS GRAVITY DRAINAGE DISTRICT #5
 (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12-31-2017
 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>AD VALOREM TAXES</u>	\$17278.75		\$
2. <u>INTEREST</u>	45.72		
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$17694.47</u>	\$	<u>\$17694.47</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>ACCOUNTING</u>	\$ 2400.00		\$
8. <u>DRAINAGE WORK</u>	4600.00		
9. <u>MISC/OTHER - INSURANCE</u>	45.87		
10. <u>PER DIEM</u>	500.00		
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$7545.87</u>	\$	<u>\$7545.87</u>
14. Change in fund balance (Lines 6 minus 13)	\$10148.60		\$
15. Fund Balance at beginning of year	\$176006.02		\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$186154.62</u>		<u>\$186154.62</u>

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

JEFFERSON DAVIS GRAVITY DRAINAGE DISTRICT #5
 (Agency Name)

Balance Sheet, on 12-31-2017
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$83595.61	\$	\$
2. Investments (fair value) on hand	102559.01		
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$186,154.62</u>	<u>\$</u>	<u>\$186,154.62</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	NA		
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$186,154.62</u>	<u>\$</u>	<u>\$186,154.62</u>

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JEFFERSON DAVIS GRAVITY DRAINAGE DISTRICT #5 (Agency Name)

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 12-31-2017 (Year-End)

Agency Head Name and Title: DAVID A. HEBERT, 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. Car allowance	7. -
8. Vehicle provided by government (if reported on your W-2)	8. -
9. Per diem	9. \$ 100 ⁰⁰
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 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