

Affidavit and Revenue Certification

Madison Parish Tourism Commission
Madison Parish
Tallulah, 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, Albertine Johnson, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Madison Parish Tourism Commission as of December 31, 2018, 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, Albertine Johnson, who, duly sworn, deposes and says that the Madison Parish Tourism Commission received \$75,000 or less in revenues and other sources for the year ended December 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

Albertine Johnson
Officer's Signature

Sworn to and subscribed before me this 22nd day of January, 2019.

Bradley Sloane
Notary Public ID# 149003
State of Louisiana

Bradley Sloane Notary # 149003
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 06 2019</u>

Please Complete This Section
Officer's Name <u>Albertine Johnson</u>
Officer's Title <u>Director</u>
Address <u>305 Dabney St</u>
City, Zip <u>Tallulah, Louisiana 71282</u>
Ph: Cell/Land <u>318-574-8519</u>
E-mail _____

Madison Parish Tourism Commission**Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2018**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Police Jury	\$ 16,800	\$	\$ 16,800
2. Hotel/Motel Bed Tax	21,120		21,120
3. Teddy Bear Festival	14,647		14,647
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 52,567	\$	\$ 52,567
DISBURSEMENTS (Provide Brief Description):			
7. Salaries / Payroll Tax	\$ 32,825	\$	\$ 32,825
8. Dues	1,545		1,545
9. Professional Fees	750		750
10. Office Expense	244		244
11. Telephone / Utilities	855		855
12. Teddy Bear Festival	14,374		14,374
13. Total Disbursements (add lines 7 - 12)	\$ 50,593	\$	\$ 50,593
14. Change in fund balance (Lines 6 minus 13)	\$ 1,974	\$	\$ 1,974
15. Fund Balance at beginning of year	\$ 59,897	\$	\$ 59,897
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 61,871	\$	\$ 61,871

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

Madison Parish Tourism Commission**Balance Sheet, on December 31, 2018**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 63,516	\$	\$ 63,516
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. Total Assets (add lines 1 - 5)	<u>\$ 63,516</u>	<u>\$</u>	<u>\$ 63,516</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Payroll liabilities	\$ 1,645	\$	\$ 1,645
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	1,645		1,645
12. Fund balance (amount from Line 16 on Statement A)	61,871		61,871
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 63,516</u>	<u>\$</u>	<u>\$ 63,516</u>

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Madison Parish Tourism Commission

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, 2018

Agency Head Name and Title: Albertine Johnson, Director

Purpose	Dollar Amount
1. Salary	1. 30,550
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe) FICA	4. 2,275
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	17.
18. TOTAL (enter total of line 1-17)	18. 32,825

___ 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.)

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