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**Affidavit and Revenue Certification**

Marksville Chamber of Commerce ENTITY NAME  
Avoyelles Parish  
Marksville, LA (City), State

**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).

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Personally came and appeared before the undersigned authority, Rebecca McGovern Guillot (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Marksville Chamber of Commerce (enter entity name) as of June 30, 2017 (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, Rebecca McGovern Guillot, (officer name), who, duly sworn, deposes and says that Marksville Chamber of Commerce (entity name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Rebecca McGovern Guillot  
Officer's Signature

Sworn to and subscribed before me this 31 day of October, 2018.

Susan J. Magrath #48941  
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>NOV 21 2018</u>

Please Complete This Section
Officer's Name <u>Rebecca McGovern Guillot</u>
Officer's Title <u>President Elect</u>
Address <u>P.O. Box 91</u>
City, Zip <u>Marksville 71351</u>
Ph: Cell/Land <u>318-623-2728 318-240-8100</u>
E-mail <u>rebeccamcgovern@live.com</u>

Marksville Chamber of Commerce  
(Agency Name)

**Statement of Cash Receipts and Disbursements**  
For the Year Ended June 30, 2017  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>Membership Dues</u>	\$ 12,913	\$	\$ 12,913
2. <u>Program Service Income</u>	60,864		60,864
3. <u>Interest Income</u>	952		952
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	\$ 74,729	\$	\$ 74,729
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>Salaries</u>	\$ 15,932	\$	\$ 15,932
8. <u>Rent, Utilities, Maintenance</u>	4,154		4,154
9. <u>Banquets, Conferences, Meetings</u>	2,619		2,619
10. <u>Insurance</u>	865		865
11. <u>Office</u>	3,776		3,776
12. <u>Advertising, Promotion, Tourism</u>	32,220		32,220
13. <b>Total Disbursements</b> (add lines 7 - 12)	\$ 59,566	\$	\$ 59,566
14. Change in fund balance ( Lines 6 minus 13)	\$ 15,163	\$	\$ 15,163
15. Fund Balance at beginning of year	\$ 107,813	\$	\$ 107,813
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$ 122,976	\$	\$ 122,976

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

Marksville Chamber of Commerce  
(Agency Name)

Balance Sheet, on June 30, 2017  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 62,730	\$	\$ 62,730
2. Investments (fair value) on hand	60,746		60,746
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)	<u>\$ 123,476</u>	\$	<u>\$ 123,476</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 500	\$	\$ 500
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	500		500
12. Fund balance (amount from Line 16 on Statement A)	122,976		122,976
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 123,476</u>	\$	<u>\$ 123,476</u>

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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

Marksville Chamber of Commerce (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 June 30, 2017 (Year-End)

Agency Head Name and Title: Van Roy, 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.
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.)

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