

Lasalle Parish Coroner (Entity Name)
Vena - Lasalle - Louisiana (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) April 1, 2020

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 2019 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Kathy Lambeth

Officer's Signature

Kathy Lambeth, - Chief Deputy Coroner

Officer's Name, Title

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT 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

Affidavit and Revenue Certification

Lasalle Parish Coroner ENTITY NAME
Lasalle Parish
Jena, LA (City), State

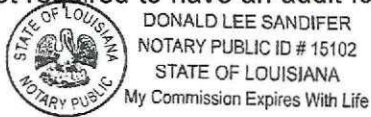
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

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).

Personally came and appeared before the undersigned authority, I.C. Twenley Jr., M.D. (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Lasalle Parish Coroner (enter entity name) as of 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, Kathy Lambeth (officer name), who, duly sworn, deposes and says that Lasalle Parish (entity name) received \$75,000 or less in revenues and other sources for the year ended 2019, and accordingly, is not required to have an audit for the previously mentioned year.

Kathy Lambeth Officer's Signature



Sworn to and subscribed before me this 27 day of MAY, 2020.

Donald Lee Sandifer 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 7/22/2020

Please Complete This Section
Officer's Name
Officer's Title
Address
City, Zip
Ph: Cell/Land
E-mail

Lasalle Parish Cleaner
 (Agency Name)

Statement of Cash Receipts and Disbursements
 For the Year Ended 2019
 (Year-End)

| | General Fund | Other Fund | Total |
|--|-----------------|---------------|-------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. | | | |
| 2. <u>Other Parish</u> | \$ 36,000.00 | | \$ |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$ 41,900.00 | \$ | \$ |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. | \$ | \$ | \$ |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$ 0 | \$ | \$ |
| 14. Change in fund balance (Lines 6 minus 13) | \$ 41,900.00 | \$ | \$ |
| 15. Fund Balance at beginning of year | \$ | \$ | \$ |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B | \$ | \$ | \$ |

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

 (Agency Name)

Balance Sheet, on _____
 (Year-End)

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

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

Lasalle Parish Coroner (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 2019 (Year-End)

Agency Head Name and Title: J.C. Turanby Jr., M.D. - Coroner

| Purpose | Dollar Amount |
|---|----------------------------|
| 1. Salary | <u>36,000⁰⁰</u> |
| 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. <u>36,000</u> |

____ 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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CEC'S BY PARISH FOR 2019

| | | | |
|-----|--------------------|---|-------|
| 1. | ACADIA PARISH - | 1 | \$100 |
| 2. | AVOYELLES PARISH | 2 | \$200 |
| 3. | CALCASIEU PARISH | 6 | \$600 |
| 4. | CALDWELL PARISH | 1 | \$100 |
| 5. | CATAHOULA PARISH | 2 | \$200 |
| 6. | CONCORDIA PARISH | 1 | \$100 |
| 7. | DESOTO PARISH | 1 | \$100 |
| 8. | EAST BATON ROUGE | 1 | \$100 |
| 9. | EVANGELINE PARISH | 2 | \$200 |
| 10. | FRANKLIN PARISH | 3 | \$300 |
| 11. | GRANT PARISH | 1 | \$100 |
| 12. | IBERIA PARISH | 3 | \$300 |
| 13. | JACKSON PARISH | 2 | \$200 |
| 14. | JEFFERSON PARISH | 1 | \$100 |
| 15. | LAFAYETTE PARISH | 6 | \$600 |
| 16. | MOREHOUSE PARISH | 1 | \$100 |
| 17. | OUACHITA PARISH | 3 | \$300 |
| 18. | RAPIDES PARISH | 5 | \$500 |
| 19. | RICHLAND PARISH | 2 | \$200 |
| 20. | SABINE PARISH | 1 | \$100 |
| 21. | ST. BERNARD PARISH | 2 | \$200 |
| 22. | ST. LANDRY PARISH | 7 | \$700 |
| 23. | ST. MARTIN PARISH | 1 | \$100 |
| 24. | WEBSTER PARISH | 2 | \$200 |
| 25. | WEST CARROL PARISH | 1 | \$100 |
| 26. | WINN PARISH | 1 | \$100 |

59__ \$5900