

EAST FELICIANA PARISH TOURISM COMMISSION (Entity Name)

JACKSON, EAST FELICIANA, LOUISIANA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3-17-2021

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 12-31-2020 (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,

  
\_\_\_\_\_  
Officer's Signature

JAMES R MOSS  
\_\_\_\_\_  
Officer's Name

Enclosures

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS**  
**Affidavit and Revenue Certification**

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

**EAST FELICIANA PARISH TOURISM COMMISSION ENTITY NAME**

**EAST FELICIANA Parish  
JACKSON, LOUISIANA (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, **JAMES R MOSS** (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **E.FELICIANA PARISH TOURISM COMMISSION** (enter entity name) as of **2020** 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, JAMES R MOSS, (officer name), who, duly sworn, deposes and says that **E. FELICIANA PARISH TOURISM COMM.** (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,

  
\_\_\_\_\_  
Officer's Signature



Sworn to and subscribed before me this 17 day of MARCH, 2021.

  
\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL



OFFICIAL SEAL  
SCOTT M. BRODERICK  
NOTARY PUBLIC NO. 59221  
STATE OF LOUISIANA  
PARISH OF EAST FELICIANA  
My Commission is good for life

<b>For Office Use Only</b>
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>03-24-2021</u>

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

EAST FELICIANA PARISH TOURISM COMMISSION  
(Agency Name)

**Statement of Cash Receipts and Disbursements**  
**For the Year Ended 12/31/2020** (Year-End)

	<u>General</u> <u>Fund</u>	<u>Other</u> <u>Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. EAST FELICIANA POLICE JURY	\$ 3,693.00	\$	\$ 3,693.00
2. MILBANK HISTORIC HOUSE B&B TAX	202.06		202.06
3. OLD CENTENARY INN B&B TAX	382.59		382.59
4. WILDFLOWER INN B&B TAX	50.43		50.43
5. FELICIANA RETREAT	28.97		28.97
6. INTEREST INCOME C.D.	59.75		59.75
7. <b>Total receipts</b> (add lines 1 - 6)	<u>\$ 4,416.80</u>	<u>\$</u>	<u>\$ 4,416.80</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. LEGAL SERVICES	\$ 20.00	\$	\$ 20.00
8. PRINTING & COPYING	141.85		141.85
9. POSTAGE, MAILING SERVICE	76.00		76.00
10. SUPPLIES	21.85		21.85
11. MEMBERSHIP DUES	50.00		50.00
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 309.70</u>	<u>\$</u>	<u>\$ 309.70</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 4,107.10	\$	\$ 4,107.10
15. Fund Balance at beginning of year	\$ 16,669.00	\$	\$ 16,669.00
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$ 20,776.10	\$	\$ 20,776.10

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

**EAST FELICIANA PARISH TOURISM COMMISSION**

(Agency Name)

**Balance Sheet, on 12/31/2020**

(Year-End)

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 16,716.35	\$ 4,059.75	\$ 20,776.10
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. <b>Total Assets</b> (add lines 1 - 5)	<b>\$ 16,716.35</b>	<b>\$ 4,059.75</b>	<b>\$ 20,776.10</b>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	20,776.10		20,776.10
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<b>\$ 20,776.10</b>	<b>\$</b>	<b>\$ 20,776.10</b>

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**EAST FELICIANA PARISH TOURISM COMMISSION** (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 **12/31/2020** (Year-End)

**Agency Head Name and Title: PAUL DAVIDSON, CHAIRMAN**

<b>Purpose</b>	<b>Dollar Amount</b>	
1. Salary	1.	0.00
2. Benefits-insurance	2.	0.00
3. Benefits-retirement	3.	0.00
4. Benefits-other (describe)	4.	0.00
5. Benefits-other (describe)	5.	0.00
6. Benefits-other (describe)	6.	0.00
7. Car allowance	7.	0.00
8. Vehicle provided by government (if reported on your W-2)	8.	0.00
9. Per diem	9.	0.00
10. Reimbursements	10.	0.00
11. Travel	11.	0.00
12. Registration fees	12.	0.00
13. Conference travel	13.	0.00
14. Housing	14.	0.00
15. Unvouchered expenses (example: travel advances, etc.)	15.	0.00
16. Special meals	16.	0.00
17. Other	17.	0.00
18. TOTAL (enter total of line 1-17)	18.	0.00

\_\_\_\_\_ 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