

8062

5

H. Bernard Parish Democratic Executive Committee  
(Entity Name)  
Charlottesville City, Parish

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 9/10/18

Ms. Suzanne Elliott  
Engagement Manager  
Office of Legislative Auditor  
1600 North Third Street  
Baton Rouge, LA 70802

Dear Ms. Elliott:

In accordance with Louisiana Revised Statute 18§447 and 464(F), enclosed are the certified annual financial statements for my office, as of and for the year ended 2016. The statements include all funds under the control of this entity.

Sincerely,

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.



\_\_\_\_\_  
Officer's Signature (must be signed by Treasurer or, if none, by the chairman)

Tamara Jones  
\_\_\_\_\_  
Officer's Name

Release Date SEP 26 2018

Street/P.O. Box Address 4908 E. Souders Lane  
City/Zip Code Violet, La. 70092  
Telephone Number (504) 781-3699

Enclosures

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

St. Bernard Parish Democratic Executive Committee  
(Agency Name)

Statement of Financial Position, at 2016 (Year-End)

**ASSETS** (balances at year-end) -Give brief description:

1. Cash and cash equivalents on hand	\$ <u>15,531.23</u>
2. Investments (fair value) on hand	_____
3. Office furnishings (Cost of desks, etc)	_____
4. Equipment (Cost of fax machine, etc)	_____
5. Other (brief description) <u>Quar/Sup Fee</u>	<u>392.74</u>
6. <b>Total Assets</b> (add lines 1 - 5)	\$ <u>15,923.97</u>

**LIABILITIES AND NET ASSETS** (at year-end):

7. Liabilities (give brief description):	
8. _____	\$ _____
9. _____	_____
10. <b>Total Liabilities</b> (add lines 7 - 9).	_____
11. <b>Total Net Assets</b> (amount from line 16 Form B)	_____
12. Total Liabilities and Net Assets (add lines 10 and 11)	\$ _____
This amount should match Line 6 above.	<u>15,923.97</u>

**Statement of Cash Receipts and Disbursements**  
 For the Year Ended 2016 (Year-End)

**RECEIPTS (Provide Brief Description):**

1. National/State Party Contributions	\$
2. Donations	
3. Other (brief description)	
4. Other (brief description)	
5. Other (brief description)	
6. <b>Total receipts</b> (add lines 1 - 5)	\$

**DISBURSEMENTS (Provide Brief Description):**

7. Bank Charges	\$
8. Meetings	
9. Outreach (radio, newspaper, mailings)	
10. Utilities	
11. Other (brief description) <i>Qualifying Fee</i>	392.74
12. Other (brief description)	
13. <b>Total Disbursements</b> (add lines 7 - 12)	\$ 392.74
14. Change in net assets (Lines 6 minus 13)	\$
15. Net Assets at beginning of year (Taken from Previous Year's Report, Line 11 Statement A)	\$
16. Net Assets (deficit) at end of year (Add lines 14 and 15) --This line should match Total Net Assets on the Balance Sheet (Form A)	\$ 15,531.23

Dear Clerk:

R.S. 18:464 (B) sets the amount of qualifying fees assessed to candidates for office. Under the provisions of R.S. 18:464 (D), the Louisiana St. Bernard Parish Executive Committee, by appropriate resolution, has imposed an additional fee on all Democratic candidates of one half of the qualifying fee.

In accord with the provisions of the above statues and related laws please assess and collect the additional fee imposed by the St. Bernard Parish Executive Committee on all candidates who qualify as affiliated with the Democratic Party.

If you have any questions concerning this, please contact me at Tamara Jone 504 382-36  
Thank you for your assistance.

Very truly yours,

Financial Report -Year Ending December 31, 2016

ST. BERNARD Parish Democratic Executive Committee

RECEIPTS

I.	Cash on Hand (beg. Of year)	\$	<u>15,214.40</u>
II.	Qualifying Fees	\$	<u>470.00</u>
III.	Contributions	\$	<u>239.57</u>
	a. Individuals	\$	_____
	b. Democratic Party	\$	_____
	c. Other	\$	_____
IV.	Other Receipts (Refunds, rebates, telephone, postage, etc.)	\$	_____
V.	Total Receipts	\$	<u>15,923.97</u>

DISBURSEMENTS

VI.	Operating Expenditures (Office exp., telephone, postage, etc.)	\$	<u>392.74</u>
VII.	Transfer to the other committee	\$	_____
VIII.	Contributions to candidates	\$	_____
	a. Federal (Congress, U.S. Senate, President)	\$	_____
	b. Non-Federal (State and Local)	\$	_____
IX.	Payments to committee members (All payments of any kind to committee members must be itemized on Schedule A and attached)	\$	_____
X.	Refunds	\$	_____
XI.	Other Disbursements	\$	_____
XII.	Total Disbursements	\$	<u>392.74</u>

SUMMARY

XIII.	Total Receipts	\$	<u>15,923.97</u>
XIV.	Total Disbursements	\$	<u>392.74</u>
XV.	Cash on Hand	\$	<u>15,531.23</u>

I hereby certify that the above information is true and in compliance with the Louisiana Election Code as amended through 1983.

Name: [Signature]  
Title: Treasurer