

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3 29 21

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 (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

Officer's Name, Title

Enclosures

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

Caldnell Parish Tourist Caldwe Columbia	Commission ENTITY NAME Parish (City), State
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS	(if applicable)
	by Louisiana Revised Statute 24:514 to be filed with the efiscal year. The certification of revenues of \$75,000 or atute 24:513(J)(1)(c)(i)(aa).
Personally came and appeared before the undersigne (enter officer name), who, duly sworn, deposes and stairly the financial position of	ays that the financial statements herewith given present the financial statement in the financial stateme
(Complete if applicable) In addition, Author Comm (entity nar sources for the year ended the previously mentioned year.	officer name), who, duly sworn, deposes and says that me) received \$75,000 or less in revenues and other, and accordingly, is not required to have an audit for Officer's Signature
Sworn to and subscribed before me this 39 day of 1	March, 2021.
NOTARY PUBLIC SIGNALLY P	SNATURE & SEAL
For Office Use Only	Please Complete This Section
Under provisions of state law, this report will become a public document on the	Officer's Name
Monday following the release date. A copy of the report will be submitted to	Officer's Title
appropriate public officials and be available for public inspection at the Baton	Address
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.	City, Zip
	Ph: Cell/LandE-mail
Release Date 4/14/2021	L-11)dll

**Affidavit and Revenue Certification** 

Release Date

## Caldwell Parish Tourist Commission (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 2020 (Year-End)

	General Fund		Other Fund		Total	
RECEIPTS (Provide Brief Description)						
1. Lodging	\$	681.58	\$	-	\$	681.58
2.					_	
3.						
4.	-					
5. 6. Total receipts (add lines 1 -5)	\$	681.58	\$		\$	681.58
7. Concordia Parish School Board 8. The Caldwell Watchman-Ads	\$	44.63	\$		. \$	44.63
Louisiana Travel Promotion Association			_		_	
10. Post Office Box Rental & Postage	_	39.00			_	39.00
11. Other		-			_	-
12. Louisiana Travel Association		_				
13. Total disbursements (add lines 7 -12)	\$	83.63	\$	-	\$	83.63
14. Change in fund balance (Lines 6 minus 13)	\$	597.95	\$	_	\$	597.95
15. Fund Balance at beginning of year	\$	518.89	\$	-	\$	518.89
16. Fund balance (deficit) at end of year (Add lines 14 - 15)This amount also goes on line 12, Statement B		1,116.84	\$		\$	1,116.84

## Caldwell Parish Tourist Commission (Agency)

Balance Sheet on December 31, 2020 (Year-End)

	General Fund		Other Fund		Total	
ASSETS (balances at year-end) -Give brief description:						
1. Cash and cash equivalents on hand	\$	1,979.20	\$		\$	1,979.20
2. Investments (fair value) on hand						
3. Office furnishings (Cost of desks, etc)						
4. Equipment (Costs of fax machine, etc)						
5. Other (brief description)						
6. Total Assets (add lines 1 -5)	\$	1,979.20	\$		\$	1,979.20
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)	\$	1,116.84	\$	_	\$	1,116.84
13. Other	\$	-	\$	-	\$	-
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	1,116.84	\$	-	\$	1,116.84

## Caldnell Raish Towist 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	4000	(Year-End)

Agency Head Name and Title: Pebbie Houges - 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.
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.)