

6/21

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**Affidavit and Revenue Certification**

**Richland Parish Coroner (6121 –OC)**

Richland Parish  
Rayville, LA

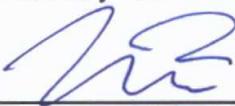
**ANNUAL SWORN FINANCIAL STATEMENTS AND  
CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)**

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, Dr. Matthew Prine, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Richland Parish Coroner (6121 – OC) as of 12/31/2018, 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, Dr. Matthew Prine, who, duly sworn, deposes and says that Richland Parish Coroner (6121-OC) received \$75,000 or less in revenues and other sources for the year ended 12/31/18, and accordingly, is not required to have an audit for the previously mentioned year.



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

Sworn to and subscribed before me this 14<sup>th</sup> day of March, 2019.



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



JACKIE NORED  
NOTARY PUBLIC # 66649  
STATE OF LOUISIANA  
COMMISSION FOR LIFE

**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 MAR 27 2019

**Please Complete This Section**

Officer's Name Dr. Matthew Prine  
Officer's Title Coroner  
Address 256 Hwy 3048  
City, Zip Rayville, LA 71269  
Ph: Cell/Land 318-282-7872 / 318-728-2046  
E-mail \_\_\_\_\_

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**Richland Parish Coroner (6121 –OC)**
**Statement of Cash Receipts and Disbursements  
For the Year Ended 12/31/2018**

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Fee income – Police Jury	\$ 20,733	\$	\$ 20,733
2.			
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 20,733</u>	<u>\$</u>	<u>\$ 20,733</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Bank charge	\$ 90	\$	\$ 90
8. Contract labor	5,805		5,805
9. Dues	350		350
10. Office expense	785		785
11. Payroll tax	221		221
12. Wages	2,675		2,675
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 9,926</u>	<u>\$</u>	<u>\$ 9,926</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 10,807	\$	\$ 10,807
15. Fund Balance at beginning of year	\$ 7,368	\$	\$ 7,368
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 18,175	\$	\$ 18,175

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

Richland Parish Coroner (6121 -OC)Balance Sheet, on 12/31/18

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 17,763	\$	\$17,763
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)	<u>\$ 17,763</u>	<u>\$</u>	<u>\$ 17,763</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Payroll liabilities	\$ 425	\$	\$ 425
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	425		425
12. Fund balance (amount from Line 16 on Statement A)	18,175		18,175
13. Other (Disbursements to Coroner)	(837)		(837)
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 17,763</u>	<u>\$</u>	<u>\$ 17,763</u>

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**Richland Parish Coroner (6121 –OC)**

**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 12/31/2018

**Agency Head Name and Title:** Dr. Matthew Prine, Coroner

<b>Purpose</b>	<b>Dollar Amount</b>
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. 837
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. 837

\_\_\_\_\_ 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