

Affidavit and Revenue Certification

Quarter Horse Racing Assoc of LA ENTITY NAME
Beausard Parish
Starks, 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(3)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Kim Stover (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of QHR Racing Assoc of LA (enter entity name) as of 12/31/19 (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, Kim Stover (officer name), who, duly sworn, deposes and says that QHR Racing Assoc of LA (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/19, and accordingly, is not required to have an audit for the previously mentioned year.

Kim Stover
Officer's Signature

Sworn to and subscribed before me this 3rd day of March 2020

ANNA MARIE BRUNER
Notary Public
Parish of Cameron
State of Louisiana

Anna Marie Bruner #551949
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: 3/18/20

Please Complete This Section
Officer's Name: Kimberly Stover
Officer's Title: Secretary/President
Address: 504 Smith Cemetery Rd
City/Zip: Starks LA 70661
Ph. Cell/Land: 337-913-0064
E-mail: StoverKC@aol.com

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 70804-8397 - (504) 389-7176

Quarter Horse Racing Assoc. of LA
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12/31/19
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. LA Quarterhorse Breeders Assoc. (State Funds) 21	\$ 25,000	\$	\$ 25,000
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 25,000	\$	\$ 25,000
DISBURSEMENTS (Provide Brief Description):			
7. Lobbying expenses	\$ 24,000	\$	\$ 24,000
8. Professional fees	50		50
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 24,050	\$	\$ 24,050
14. Change in fund balance (Lines 6 minus 13)	\$ 950	\$	\$ 950
15. Fund Balance at beginning of year	\$ 64925	\$	\$ 64925
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$ 65875	\$	\$ 65875

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS 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 8/2/18

Quinn-Hunter Policy Assoc of Louisiana
(Agency Name)

Balance Sheet on 12-31-19
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 65,875	\$	\$65,875
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)	<u>\$65,875</u>	<u>\$</u>	<u>\$65,875</u>
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)	65,875		65,875
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$65,875</u>	<u>\$</u>	<u>\$65,875</u>

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Quintessa House, Room 1000 of Louisiana (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 12/31/19 (Year-End)

Agency Head Name and Title: _____

Purpose	Dollar Amount
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
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 2016 Legislative Session allows non-governmental 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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