

# Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Madison Parish Tourism Commission

Address: 305 Dabney Street, Tallulah, LA 71282

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*This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to [ereports@lla.la.gov](mailto:ereports@lla.la.gov), faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.*

## AFFIDAVIT

Personally came and appeared before the undersigned authority, Albertine Johnson, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of the Madison Parish Tourism Commission as of December 31, 2025, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations.

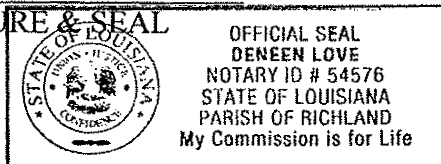
Complete if Applicable: In addition, Albertine Johnson, who duly sworn, deposes, and says that the Madison Parish Tourism commission received \$75,000 or less in revenues and other sources for the year ended December 31, <sup>2025</sup>~~2022~~, and accordingly, is not required to have an audit for the previously mentioned fiscal year. *AJ*

*Albertine C. Johnson*  
OFFICER'S SIGNATURE

*Director*  
OFFICER'S TITLE

Sworn to and subscribed before me, this 18<sup>th</sup> day of March, 2026

*Deneen Love*  
NOTARY PUBLIC SIGNATURE



## Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Madison Parish Tourism Commission - Fiscal Year End: December 31, 2025

### Statement of Receipts and Disbursements

### Statement A

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Police Jury	\$ 30,500	\$	\$ 30,500
2. Hotel/Motel Bed Tax	12,832		12,832
3. Refund	396		396
4.			
5.			
<b>6. Total receipts</b> (add lines 1 - 5)	<b>\$ 43,728</b>	<b>\$</b>	<b>\$ 43,728</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Salaries	\$ 29,773	\$	\$ 29,773
8. Meals & Entertainment	500		500
9. Charitable Donations	200		200
10. Dues / Subscriptions	565		565
11. Legal & Accounting	675		675
12. Office Expense	1,803		1,803
13. Repairs & Maintenance	107		107
14. FICA Expense	2,400		2,400
15. Telephone	4		4
16. Utilities	1,653		1,653
<b>17. Total Disbursements</b> (add lines 7 - 16)	<b>\$ 37,680</b>	<b>\$</b>	<b>\$ 37,680</b>
18. Change in fund balance ( Lines 6 minus 17)	\$ 6,048	\$	\$ 6,048
19. Fund Balance at beginning of year	\$ 60,187	\$	\$ 60,187
20. Fund balance at end of year (Add lines 18-19) --This amount also goes on line 12, Statement B	\$ 66,235	\$	\$ 66,235

**Identify the Basis of Accounting, if not using Cash-Basis:** \_\_\_\_\_

**NOTE:** If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

## Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Madison Parish Tourism Commission - Fiscal Year End: December 31, 2025

### Balance Sheet

### Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end)			
1. Cash and cash equivalents	\$ 67,879	\$	\$ 67,879
2. Investments (fair value)			
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>\$ 67,879</u>	<u>\$</u>	<u>\$ 67,879</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Federal Tax Withheld	\$ 717	\$	\$ 717
8. FICA Withheld	571		571
9. State Tax Withheld	357		357
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	1,645		1,645
12. Fund balance (amount from Line 20 on Statement A)	66,235		66,235
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 67,880</u>	<u>\$</u>	<u>\$ 67,880</u>

## Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Madison Parish Tourism Commission - Fiscal Year End: December 31, 2025

### Statement C

#### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Albertine Johnson, Director

Purpose	Dollar Amount
1. Salary	1. 29,773
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 and Entertainment	16. 500
17. Other	17.
18. TOTAL (enter total of line 1-17)	18. 30,273

\_\_\_\_\_ 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.)