

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

Entity Name: Lafayette Parish Law Library Commission

Address: P.O. Box 2194 Lafayette, LA 70502

Telephone: 337-237-4700 Email: pam@lafayettecbar.org

*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, Pam Landiache (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Lafayette Parish Law Library Commission (entity's name) as of December 31, 2021 (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; 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, Pam Landiache (officer's name), who duly sworn, deposes, and says that Lafayette Parish Law Library Commission (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2021 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Pam Landiache  
OFFICER'S SIGNATURE

Executive Director  
OFFICER'S TITLE

Sworn to and subscribed before me, this 23<sup>th</sup> day of March, 2022.

Marilyn Lopez  
NOTARY PUBLIC SIGNATURE & SEAL  
MARILYN LOPEZ  
#41734

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

## Statement of Receipts and Disbursements

## Statement A

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Court costs, fees and reimbursements	\$ 47,175	\$	\$ 47,175
2.			
3.			
4.			
5.			
<b>6. Total receipts</b> (add lines 1 - 5)	<b>\$47,175</b>	<b>\$</b>	<b>\$47,175</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Adjustments to cash balance	\$	\$	\$
8. Depreciation Expense			
9. Computer Expense (3)			
10. Professional Fees	754		754
11. Rent & reimbursements for shared office	9,000		9,000
12. Subscriptions and updates	26,808		26,808
<b>13. Total Disbursements</b> (add lines 7 - 12)	<b>\$36,562</b>	<b>\$</b>	<b>\$36,562</b>
14. Change in fund balance ( Lines 6 minus 13)	\$10,613	\$	\$10,613
15. Fund Balance at beginning of year	\$39,911	\$	\$39,911
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$50,523	\$	\$50,523

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.*

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## 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	\$ 50,523	\$	\$ 50,523
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)		5,052	5,052
5. Other (brief description) Accumulated Depreciation		(5,052)	(5,052)
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$50,523</u>	<u>\$</u>	<u>\$50,523</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8.			
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	50,523		50,523
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$50,523</u>	<u>\$</u>	<u>\$50,523</u>

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## Statement C

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

**Agency Head Name and Title:** Hon Marilyn C. Castle, Lafayette Parish Law Library Commission Head Officer

Purpose	Dollar Amount
1. Salary	1. 0
2. Benefits-insurance	2. 0
3. Benefits-retirement	3. 0
4. Benefits-other (describe)	4. 0
5. Benefits-other (describe)	5. 0
6. Benefits-other (describe)	6. 0
7. Car allowance	7. 0
8. Vehicle provided by government (if reported on your W-2)	8. 0
9. Per diem	9. 0
10. Reimbursements	10. 0
11. Travel	11. 0
12. Registration fees	12. 0
13. Conference travel	13. 0
14. Housing	14. 0
15. Unvouchered expenses (example: travel advances, etc.)	15. 0
16. Special meals	16. 0
17. Other	17. 0
18. TOTAL (enter total of line 1-17)	18. 0

X  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.)