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Affidavit and Revenue Certification

Madison Historical Society, Inc
Madison Parish
Tallulah, 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(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Charles Michael Finlayson, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Madison Historical Society, Inc as of 12/31/2017, 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, Charles Michael Finlayson, who, duly sworn, deposes and says that Madison Historical Society, Inc received \$75,000 or less in revenues and other sources for the year ended 12/31/2017, and accordingly, is not required to have an audit for the previously mentioned year.

Charles Michael Finlayson
Officer's Signature

Sworn to and subscribed before me this 30th day of Aug, 2019

William J. Moore #54574
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	JUN 05 2019

Please Complete This Section	
Officer's Name:	Charles Michael Finlayson
Officer's Title:	President
Address:	315 N Mulberry Street
City, Zip:	Tallulah, 71282
Ph: Cell/Land:	318) 574-0082
E-mail:	hermionemuseum@gmail.com

Madison Historical Society, IncStatement of Cash Receipts and Disbursements
For the Year Ended 12/31/2017

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Louisiana State Treasury	\$ 11,941.07	\$	\$
2. Donations	3,887.10		
3.			
4.			
5.			
6. Total receipts (add lines 1 – 5)	<u>\$ 15,828.17</u>	<u>\$ 0.00</u>	<u>\$15,828.17</u>
DISBURSEMENTS (Provide Brief Description):			
7. Accounting	\$ 1,005.00	\$	\$
8. Advertising	473.82		
9. Insurance	895.00		
10. Maintenance	3,593.46		
11. Postage	348.39		
12. Security	302.16		
13. Supplies	908.09		
14. Telephone	1,011.41		
15. Utilities	3,280.71		
13. Total Disbursements (add lines 7 - 12)	<u>\$ 11,818.04</u>	<u>\$ 0.00</u>	<u>\$11,818.04</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 4,010.13	\$	\$
15. Fund Balance at beginning of year	\$ 16,612.65	\$ 1,215.87	\$17,828.52
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 20,622.78</u>	<u>\$ 1,215.87</u>	<u>\$21,838.65</u>

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 8/3/16

Madison Historical Society, Inc

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 12/31/2017

Agency Head Name and Title: Charles Michael Finlayson, 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.
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.

XX 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.)

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