

Executive/Central Committee Name: Beauregard Democratic Parish Executive Committee
City: DeRidder Parish: Beauregard

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

Date: July 16, 2024

VIA Email: ereports@lla.la.gov

Ms. Gayle Fransen, CPA
Local Government Reporting Manager
Office of the Louisiana Legislative Auditor

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 18:447 and 464(F), enclosed are the certified annual financial statements for my office, as of and for the year ended June 2024.

The statements include all funds under the control of this entity.

Sincerely,



Officer's Signature (must be signed by Treasurer or, if none, by the chairman)

Carlos Archield, Treasurer

Officer's Name/Title _____

Street/P.O. Box Address 1138 Lucius Drive

DeRidder, LA 70634

City/Zip Code _____

Telephone Number 337-348-6054

Email Address carlosarchield23@gmail.com

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS.

8042

Beauregard Democratic Parish Executive Committee

Executive/Central Committee Name: _____

June 30, 2024

Statement of Financial Position at _____ (month, day and year of fiscal year end)

ASSETS (balances at year-end)

	2,507.96
1 Cash and cash equivalents on hand _____	_____
2 Investments (fair value) on hand _____	_____
3 Office furnishings (cost of desks, etc.) _____	_____
4 Equipment (cost of computers, etc.) _____	_____
5 Other (brief description) _____	_____
	<u>2,507.96</u>
6 Total Assets (add lines 1-5)	_____

LIABILITIES AND NET ASSETS (balances at year-end):

7 Liabilities (give brief description): _____	_____
8 _____	_____
9 _____	_____
10 Total Liabilities (add lines 7-9)	<u>\$ 0.00</u>
11 Total Net Assets (line 6 minus line 10, which should be the same as amount from Form B, line 16)	2,507.96
	<u>2,507.96</u>
12 Total Liabilities and Net Assets (add lines 10 and 11)	_____

This amount should match Line 6 above.

Beauregard Democratic Parish Executive Committee

Executive/Central Committee Name: _____

Statement of Cash Receipts and Disbursements

June 30, 2024

As of and For the Year Ended _____ (month, day and year of fiscal year end)

RECEIPTS:

1	National/State Party Contributions _____	
2	Donations _____	
	qualifying fees	320.00
3	Other (brief description) _____	
4	Other (brief description) _____	
5	Other (brief description) _____	
		320.00
6	Total Receipts (add lines 1-5)	_____

DISBURSEMENTS (Provide Brief Description):

		5.00
7	Bank Charges _____	
8	Meetings _____	57.00
9	Outreach (radio, newspaper, mailings) _____	
10	Utilities _____	
	USPS	162.00
11	Other (brief description) _____	
12	Other (brief description) _____	
		224.00
13	Total Disbursements (add lines 7-12)	_____
		96.00
14	Change in Net Assets (Line 6 minus line 13)	_____
		2411.96
15	Net Assets at Beginning of the Year (taken from previous year's report, Form A, line 11)	_____
		2507.96
16	Net Assets (deficit) at End of Year (Add lines 14 and 15) - This line should match Form A, line 11.	_____