

**Affidavit and Revenue Certification**

Jena Cultural Center ENTITY NAME  
La Salle Parish  
Jena, Louisiana (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(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Pam Davis  
 (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Jena Cultural Center (enter entity name) as of 6-30-2017 (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, Pam Davis, (officer name), who, duly sworn, deposes and says that Jena Cultural Center (entity name) received \$75,000 or less in revenues and other sources for the year ended 6-30-2017, and accordingly, is not required to have an audit for the previously mentioned year.

Pam Davis  
 Officer's Signature

Sworn to and subscribed before me this 11<sup>th</sup> day of September, 2017.

 Kylie Howard  
 Notary Public  
 State of Louisiana  
 Notary ID Number 83672  
 Parish of LaSalle  
Kylie Howard  
 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 SEP 20 2017

**Please Complete This Section**

Officer's Name Pam Davis  
 Officer's Title Director / President  
 Address P.O. Box 2782  
 City, Zip Jena, LA 71342  
 Ph: Cell/Land 318/492-4475 or 992-2564  
 E-mail paminjena@yahoo.com

Jena Cultural Center  
(Agency Name)

**Statement of Cash Receipts and Disbursements**  
**For the Year Ended** 6-30-2017  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Sales Tax Dedication - Act 17	\$	\$ 4581.85	\$
2. Donations	150.00		
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 150.00</u>	<u>\$ 4581.85</u>	<u>\$</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Insurance	\$	\$ 2065.17	\$
8. Telephone & Internet		2170.23	
9. Utilities		1134.83	
10. General Supplies & Maintenance	377.56		
11. Amount not covered by Act 17	788.38		
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 1165.94</u>	<u>\$ 5370.23</u>	<u>\$</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 1015.94	\$ -788.38	\$
15. Fund Balance at beginning of year	\$ 39078.79	\$ 0	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 38062.85</u>	<u>\$ -788.38</u>	<u>\$</u>

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Jena Cultural Center  
(Agency Name)

Balance Sheet, on 6-30-2017  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$38062.85	\$	\$
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. <b>Total Assets</b> (add lines 1 - 5)	\$38062.85	\$	\$
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	38062.85		
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$38062.85	\$	\$

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Jena Cultural Center (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 6-30-2017 (Year-End)

Agency Head Name and Title: Pam Davis - Director / 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.

☒ 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.)

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Please return the completed form within 60 days of your audit report to Louisiana Legislative Auditor