10328 A

Affidavit and Revenue Certification

	Caldwell Parish Tourist Commission ENTITY NAME Caldwell Parish Columbia LA (City), State	
	ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)	
	The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$50 less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).	
	Personally came and appeared before the undersigned authority, Shelley October the undersigned authority of undersigned authority of undersigned authority, Shelley October the undersigned authority of undersigned author	y name) ear then
	(Complete if applicable) In addition, Sheller Odom, (officer name), who, duly sworn, deposes and sa sources for the year ended	d other
	Sworn to and subscribed before me this 13 day of 15.	
	4 13290 8 NOTARY PUBLIC Melissa D. Baum My Commission Expires 81	116
docu the e repo Rou	Officer's Name Officer's Title r provisions of state law, this report is a public ment. A copy of the report has been submitted toddress ntity and other appropriate public officials. The t is available for public inspection at the BatoRh/Fax/E-mail the office of the Legislative Auditor and, where priate, at the office of the parish clerk of court. APR 2 9 2015	
	MIN & U LUIV	

Cald	vell Pari	sh Touris	+ Commissia Agency	Name)
Carroll	1001	- 10.010	, the territory	rtaille)

Statement of Cash Receipts and Disbursements

For the Year Ended

General Fund	Other Fund	Total
\$ 1544.25	\$	\$ 1544.25 315.00
\$ 1859.25	\$	\$ 859.25
\$72.16 29.20 197.50	\$	\$
40.00	\$	\$
\$683.25	\$	\$3381.34
	\$ 1544.25 \$15.00 \$ 1859.25 \$ 12.14 29.20 197.50 450.00 40.00 187.14 \$1174.00	\$ 1544.25 \$ \$ 15.00 \$ 1859.25 \$ \$ 12.16 \$ 29.20 197.50 650.00 40.00 187.14 \$ 1176.00 \$ \$ 683.25 \$ \$ 3568.48 \$

(Year-End)

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

Caldwell Parish Tourist Commi (Agency Name)			
Balance Sheet, on 2014 (Year-End)			
	General Fund	Other Fund	

ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand 2. Investments (fair value) on hand \$3702.80 \$ \$3702.80	1.80
Office furnishings (Cost of desks, etc)	
4. Equipment (Cost of fax machine, etc)	
5. Other (brief description)	CIN
6. Total Assets (add lines 1 - 5) \$3702.80 \$ \$3706	180
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):	
8. \$ \$	
<u>9.</u> 10.	
11. Total Liabilities (add lines 7 - 10)	
12. Fund balance (amount from Line 16 on Statement A) 4251. 13	13
13. Other 14. Total Liabilities and Fund Balance (add lines 11 - 13) \$425). 73 \$ \$425	73

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



Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer

Agency Head Name/Title Deb	ne Horlas	, £	
Purpose	Amount	T	
Salary	7.iiioaiii.		┪
Benefits-insurance			
Benefits-retirement		1	
Benefits-other (describe)			\neg
Benefits-other (describe)			7 7
Benefits-other (describe)]		
Car allowance			
Vehicle provided by government			
(enter amount reported on W-2)		.,	
Per diem			
Reimbursements	-		
Travel			
Registration fees			
Conference travel			
Housing			
Unvouchered expenses (example			1
travel advances etc)			
Special meals			
Other			╛