Amdavit and Nevenue Certification						
Caldwell Parish Tourist C Caldwell Columbia, L	Parish (City), State					
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if a	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, (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of (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, Sheller (Officer name), who, duly sworn, deposes and says that a control oun's Comm. (entity name) received \$75,000 or less in revenues and other sources for the year ended 12 31 116 , and accordingly, is not required to have an audit for the previously mentioned year. Officer's Signature						
Sworn to and subscribed before me this 24 day of March, 2017. NOTARY PUBLIC SIGNATURE & SEAL NOTARY PUBLIC SIGNATURE & SEAL						
For Office Use Only	Please Complete This Section					
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. APR 0 5 2017	Officer's Name Shelly Odom Officer's Title Treasurer Address 1.0. Box 304 City, Zip Columbia, LA 11418 Ph: Cell/Land 318-594-1613/318-641-6134 E-mail Sociom@Cobonline.com					

Caldwell Parish Tourist Commission (Agency Name) Statement of Cash Receipts and Disbursements For the Year Ended 2016 (Year-End)

		 General Fund	_	ther	_	Total
REC	CEIPTS (Provide Brief Description)					
1.	Lodging	\$ 2,141.33	\$	-	\$	2,141.33
2.						
3.						
4.						
5.						
6.	Total receipts (add lines 1 -5)	\$ 2,141.33	\$		\$	2,141.33
7. 8.	BURSEMENTS (Provide Brief Description) Concordia Parish School Board Louisiana North	\$ 133.94	\$		\$	133.94
9.	The Caldwell Watchman-Ads	 259.40			-	259.40
10.	Louisiana Travel Promotion Association	 395.00				395.00
11.	Post Office Box Rental	 48.00				48.00
12.	Office Supplies	 9.80				9.80
13.	Total disbursements (add lines 7 -12)	\$ 856.14	\$	-	\$	856.14
	Change in fund balance (Lines 6 minus 13)	\$ 1,285.19	\$.= .	\$	1,285.19
15.	Fund Balance at beginning of year	\$ 3,759.88	\$	-	\$	3,759.88
16.	Fund balance (deficit) at end of year (Add lines 14 - 15)This amount also goes on line 12, Statement B	\$ 5,045.07	\$		\$	5,045.07

Caldwell Parish Tourist Commission (Agency)

Balance Sheet on December 31, 2016 (Year-End)

		General Fund		Other Fund	0	Total
ASSETS (balances at year-end) -Give brief description:						
Cash and cash equivalents on hand	\$	4,592.69	\$	-	\$	4,592.69
2. Investments (fair value) on hand						
3. Office furnishings (Cost of desks, etc)						
4. Equipment (Costs of fax machine, etc)						
5. Other (brief description)						
6. Total Assets (add lines 1 -5)	\$	4,592.69	\$	-	\$	4,592.69
LIABILITIES AND FUND BALANCE (at year-end)						
7. Liabilities (give bried description)	\$		\$		\$.	
8.					_	
9.	_		_			-
10.					_	-
11. Total Liabilities (add Lines 7 - 10)	\$	-	\$		\$	-
12. Fund balance (amount from Line 16 on Statement A)	\$	5,045.07	\$	-	\$	5,045.07
13. Other	\$	-	\$	-	\$	-
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	5,045.07	\$	-	\$	5,045.07

1 1 MD (A	
Caldwell lans	<u>n lourist</u>	Commission	(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	(Year End)	
Agency Head Name and Title	Debbie Ho	elge!

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)