## **Affidavit and Revenue Certification**



Alexandria Mardi G	ras Association		ENTITY NAME
_	Rapides	Parish	
	Alexandria	(City), State	
ANNUAL SWORN FINANCIAL STAT CERTIFICATION OF REVENUES \$75		applicable)	
The annual sworn financial statement Legislative Auditor within 90 days after less, if applicable, is required by Louis	er the close of the fi	scal year. The certific	ation of revenues of \$75,000 or
Personally came and appeared before enter officer name), who, duly sworn airly the financial position of Alexa March 31, 2018 (eaccordance with the basis of accounting	, deposes and says ndria Mardi Gras Associa ntity's year-end), ar	s that the financial state ation and the results of operat	tements herewith given present(enter entity name) as of tions for the year then ended, in
Complete if applicable)  n addition, Lecy Murales  Aleyandria Mardi Gras Guss  sources for the year ended Mardi he previously mentioned year.	ociolitentity_name	received \$75,000 o	sworn, deposes and says that or less in revenues and other not required to have an audit for
	Lacy Morales	Officer's Signature	
Sworn to and subscribed before me th	is 13 day of 1	<u>ne</u> , <u>2018</u> .	
NOT	ARY PUBLIC SIGN	AD704 ATURE & SEAL	Robin L. Shook Notary Public Notary ID No. 140724 Rapides Parish, Louisians

For (	Office Use Only
18 28 28	is report will become a public document on the te. A copy of the report will be submitted to
T	e available for public inspection at the Baton
Rouge office of the Louisiana Le office of the parish clerk of court.	gislative Auditor and, where appropriate, at the
Release Date	JUN 2 0 2018

Please	Complete This Section
Officer's Name	Lacy Morales
Officer's Title	Treasurer
Address	2911 Verzwyvelt Street
City, Zip_	Alexandria, LA 71303
Ph: Cell/Land	318-201-2039
E-mail Ismora	les@excite.com

Alexandria Mardi Gras Association	
(Agency Name)	
Statement of Cash Receipts and Disburseme	ents
For the Year Ended March 31, 2018	

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
Public Funds and Grants	\$ 42,500.00	\$ 0.00	\$ 42,500.00
2. Parade Income	35,670.00	0.00	35,670.00
3. Fund Raisers	8,195.00	0.00	8,195.00
4. Other Income	1,372.00	0.00	1,372.00
5.		e/	14
6. Total receipts (add lines 1 - 5)	\$ 86,037.00	\$ 0.00	\$ 86,037.00
DISBURSEMENTS (Provide Brief Description): 7. Parade Expense - All Parades	\$ 36,778.00	\$ 0.00	\$ 36,778.00
8. Administrative Expense	3,058.00	0.00	3,058.00
9. Fund Raising Expense  10.  11.	9,783.00	0.00	9,783.00
12. 13. <b>Total Disbursements</b> (add lines 7 - 12)	\$ 49,619.00	\$ 0.00	\$ 49,619.00
10. Total Disbursements (add lines 7 - 12)	Ψ 40,010.00	Ψ 0.00	Ψ 43,013.00
14. Change in fund balance (Lines 6 minus 13)	\$ 36,418.00	\$ 0.00	\$ 36,418.00
15. Fund Balance at beginning of year	\$ 32,494.00	\$ 0.00	\$ 32,494.00
<ul><li>16. Fund balance (deficit) at end of year (Add lines 14-15)</li><li>This amount also goes on line 12, Statement B</li></ul>	\$ 68,912.00	\$ 0.00	\$ 68,912.00

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

Alexandria Mardi Gras As	ssociation	
(Agency Name)		
Balance Sheet, on	March 31, 2018	
(Year-End)		

	_	General Fund	_	Other Fund		Total
ASSETS (balances at year-end) -Give brief description:			•			
Cash and cash equivalents on hand	\$	68,912.00	\$	0.00	_ \$	68,912.00
Investments (fair value) on hand	_		_			
Office furnishings (Cost of desks, etc)	_		_			
Equipment (Cost of fax machine, etc)		10,000.00	_	0.00		10,000.00
5. Other (brief description) Accumulated Depreciation		(10,000.00)		0.00		(10,000.00)
6. Total Assets (add lines 1 - 5)	\$	68,912.00	\$	0.00	\$	68,912.00
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8. 9.	\$	0.00	\$	0.00	\$	0.00
10.	_					
11. Total Liabilities (add lines 7 - 10)	_	0.00	_	0.00		0.00
12. Fund balance (amount from Line 16 on Statement A)		68,912.00		0.00	- 6	88,912.00
13. Other						
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	68,912.00	\$	0.00	\$	68,912.00

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

ency	Name)
É	ency

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	March 31, 2018	(Year-End)

Agency Head Name and Title: Christopher Chelette

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
Benefits-retirement	3.
Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
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. 0.00

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.)