

Affidavit and Revenue Certification

West Carroll Parish Coroner Oak Grove – West Carroll Parish - Louisiana

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, **Noli Guinigundo**, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **Coroner of West Carroll Parish** as of **December 31, 2018** 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, **Noli Guinigundo**, who, duly sworn, deposes and says that the **Coroner of West Carroll Parish** received \$75,000 or less in revenues and other sources for the year ended **December 31, 2018**, and accordingly, is not required to have an audit for the previously mentioned year.

N. Guinigundo

Noli Guinigundo

Sworn to and subscribed before me this 11th day of February, 2019

Barbara D Smith

NOTARY PUBLIC SIGNATURE & SEAL

BARBARA D. SMITH
Notary Public #40296
State of Louisiana
My Commission Expires At Death

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	MAR 06 2019

Please Complete This Section	
Officer's Name	Dr. Noli C. Guinigundo
Officer's Title	Coroner
Address	502 Ross Street
City, Zip	Oak Grove, LA 71263
Cell/Land	318-428-2358
E-mail	NOLI.GUINIGUNDO@GMAIL.COM

West Carroll Parish Coroner**Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2018
(Year-End)**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Services rendered	\$ 3,470	\$	\$ 3,470
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 3,470</u>	<u>\$</u>	<u>\$ 3,470</u>
DISBURSEMENTS (Provide Brief Description):			
7. Conference	\$ 1,150	\$	\$ 1,150
8. Donation	500		500
9. CPA services	100		100
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 1,750</u>	<u>\$</u>	<u>\$ 1,750</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 1,720	\$	\$ 1,720
15. Fund Balance at beginning of year	\$ 42,239	\$	\$ 42,239
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 44,049	\$	\$ 44,049

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

West Carroll Parish Coroner

Balance Sheet, on December 31, 2018

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 44,049	\$	\$ 44,049
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. Total Assets (add lines 1 - 5)	<u>\$ 44,049</u>	<u>\$</u>	<u>\$ 44,049</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	44,049		44,049
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 44,049</u>	<u>\$</u>	<u>\$ 44,049</u>

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West Carroll Parish Coroner**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 December 31, 2018**Agency Head Name and Title: Noli Guinigundo, Coroner**

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. \$1,150
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. \$1,150

_____ 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 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16