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Affidavit and Revenue Certification

West Carroll Parish Coroner ENTITY NAME
West Carroll Parish
Oak Grove (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, Noli C Guinigundo (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Coroner of West Carroll (enter entity name) as of December 31, 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, Noli C Guinigundo (officer name), who, duly sworn, deposes and says that West Carroll Coroner (entity name) received \$75,000 or less in revenues and other sources for the year ended Dec 31 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Noli C. Guinigundo
Officer's Signature

Sworn to and subscribed before me this 5th day of March, 2018.

Erline W. Vickery
NOTARY PUBLIC SIGNATURE & SEAL

ERLINE W. VICKERY
Notary Public # 10834
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 APR 11 2018

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
Ph: Cell/Land 318 428-2358
E-mail NOLI.GUINIGUNDO@GMail.com

West Carroll Parish Coroner

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended 12-31-17

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.	\$ 4660	\$	\$ 4660
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 4660	\$	\$ 4660
DISBURSEMENTS (Provide Brief Description):			
7.	\$	\$	\$
8.			
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 1830	\$	\$ 1830
14. Change in fund balance (Lines 6 minus 13)	\$ 2830	\$	\$ 2830
15. Fund Balance at beginning of year	\$ 39,499	\$	\$ 39,499
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 42,329	\$	\$ 42,329

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

West Carroll Parish Coroner
 (Agency Name)

Balance Sheet, on 12-31-17
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 42,329	\$	\$ 42,329
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)	\$ 42,329	\$	\$ 42,329
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0	\$	\$ 0
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0		0
12. Fund balance (amount from Line 16 on Statement A)	42,329		42,329
13. Other	0		0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 42,329	\$	\$ 42,329

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

West Carroll Parish Coroner

(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 12-31-17 (Year-End)

Agency Head Name and Title: Dr Noli Guinigundo

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. <u>0</u>

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