

#### Affidavit and Revenue Certification

Jointly Owned Gas Line Operation and Maintenance Fund Tensas Parish Newellton and St. Joseph, 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, Timothy Turner, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of The Towns of Newellton and Saint Joseph Jointly Owned Gas Line and Operation Fund as of June 30, 2018, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

In addition, Timothy Turner, who, duly sworn, deposes and says that The Towns of Newellton and Saint Joseph Jointly Owned Gas Line and Operation Fund received \$75,000 or less in revenues and other sources for the year ended June 30, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

Sworn to and subscribed before me this grand day of January

### 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.

JAN 3 0 2019 Release Date

SAS PRie ase Complete This Section

Officer's Name \_Timothy Turner\_\_\_\_\_

Officer's Title Mayor

Address P. O. Box 217 City, Zip \_St. Joseph, LA 71366\_

Ph: Cell/Land 318-467-5051

E-mail

# Towns of Newellton and St. Joseph Jointly Owned Gas Line and Operation Fund

# Statement of Cash Receipts and Disbursements For the Year Ended <u>June 30, 2018</u>

	General Fund		Other Fund		Total	
RECEIPTS (Provide Brief Description):						
Charges for services	\$	11,731	\$		\$	11,731
Other revenues		3,173				3,173
3.						
4.			_			
5.						
6. Total receipts (add lines 1 - 5)	\$	14,904	\$		\$	14,904
DISBURSEMENTS (Provide Brief Description): 7. Salaries and wages	\$	24,000	\$		\$	24,000
8. Payroll taxes	-	2,159				2,159
9. Professional fees		1,400				1,400
10. Repairs and maintenance		24,515				24,515
11. Other expenses		882				882
12.						
13. Total Disbursements (add lines 7 - 12)	\$	52,956	\$		\$	52,956
14. Change in fund balance (Lines 6 minus 13)	\$	(38,052)	\$		\$	(38,052)
15. Fund Balance at beginning of year	\$	40,500	\$		\$	40,500
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	2,448	\$		\$	2,448

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

### Towns of Newellton and St. Joseph Jointly Owned Gas Line Operation and Maintenance Fund

### Balance Sheet, on June 30, 2018

	General Fund		Other Fund	Total	
ASSETS (balances at year-end) -Give brief description:					
Cash and cash equivalents on hand	\$	11,473	\$	\$	11,473
Investments (fair value) on hand					
Office furnishings (Cost of desks, etc)					
Equipment (Cost of fax machine, etc)	_				
Other (brief description)		<u>384</u>			384
6. Total Assets (add lines 1 - 5)	\$	11,857	\$	\$	11,857
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):	_				s (*9)
8. Payroll liabilities	\$	9,247	\$	\$	9,247
Customer deposits		162			162
10.					
11. Total Liabilities (add lines 7 - 10)		9,409			9,409
12. Fund balance (amount from Line 16 on Statement A)		2,448			2,448
13. Other					
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	11,857	\$	\$	11,857

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### Towns of Newellton and St. Joseph Jointly Owned Gas Line Operation and Maintenance Fund

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 June 30, 2018

Agency Head Name and Title: Mayor Timothy Turner, Mayor Elvadus Fields Jr

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.

\_X\_\_\_ 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.)