Affidavit and Revenue Certification

Lake Bruin Recreation & Water Conservation District ENTITY NAME

Tensas Parish

St. Joseph, LA (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 \$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, <u>David McEacharn</u> (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of <u>President</u> <u>Lake Bruin Recreation & Water</u> <u>Conservation District</u> (entity name) as of <u>December 31, 2015</u> (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, <u>David McEacham</u>, (officer name), who, duly sworn, deposes and says that <u>Lake Bruin</u> <u>Recreation & Water Conservation District</u> (entity name) received \$75,000 or less in revenues and other sources for the year ended <u>December 31, 2015</u>, and accordingly, is not required to have an audit for the previously mentioned year.

Officer Signature Sworn to and subscribed before me this Officer's Name David McEacharn Under provisions of state law, this report is a pulofficer's Title President document. A copy of the report has been submitted to the entity and other appropriate public officials. The President P.O. Box 38, St. Joseph, LA 71366 report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where Fax/E-mail (318) 372-7277, dmc 110@yahoo.com appropriate, at the office of the parish clerk of court.

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Lake Bruin Recreation & Water Conservation District (Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended _____ December 31, 2015(Year-End)

	 General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Parcel Tax fee	\$ 12,043.06	\$ 	\$12,043.06
2.Pier Permits	 500.00	 	500.00
3.1/2 Insurance Reimbursement	 2,150.00	 	2150.00
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 14,743.06	\$ 	\$14,743.06
DISBURSEMENTS (Provide Brief Description): 7.Equipment Repair & Maintenance	\$ 1,520.80	\$	\$ 1,529.80
8. Printing, Post Office Box Rent, Office Supplies	 272.30	 	272.30
9.AirCare (Insurance Expense)	4,300.00		4,300.00
10.Election: Fee, newspaper legals, voter list	 3,991.96		3,991.96
11.Legal filing fees	38.00	 	38.00
12.Outside Labor (3)	 2,520.00		2,520.00
13. Total Disbursements (add lines 7 - 12)	\$ 12,643.06	\$	\$12,643.06
14. Change in fund balance (Lines 6 minus 13)	\$ 2,100.00	 	\$ 2,100.00
15. Fund Balance at beginning of year	\$ 12,666.68	\$ 	\$12,666.68
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$ 14,766.68	\$ 	\$14,766.68

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

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Statement B

Lake Bruin Recreation & Water Conservation District (Agency Name)

Balance Sheet, on December 31, 2015 (Year-End)

		General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:				
1. Cash and cash equivalents on hand	\$	14,766.68	\$	\$14,766.68
2. Investments (fair value) on hand		-0-		-0-
3. Office furnishings (Cost of desks, etc)		-0-		-0-
4. Equipment (Cost of fax machine, etc)		-0-		-0-
5. Other (brief description)				
6. Total Assets (add lines 1 - 5)	\$	14,766.68	\$	\$14,766.68
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):				
8.	\$		\$	\$
9.				
10.				
11. Total Liabilities (add lines 7 - 10)	-0-			-0-
12. Fund balance (amount from Line 16 on Statement A)		14,766.68		14,766.68
13. Other			 	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	14,766.68	\$	\$14,766.68

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LAKE Bruin Recreation

Statement C

and Water Conservation Dist. (Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (REQUIRED, PLEASE SUBMIT COMPLETED FORM, PER ATTACHED INSTRUCTIONS)

Agency Head Name/Title: David M.S. Eacharn

Purpose	Amount
Salary	
Benefits-insurance	
Benefits-retirement	1
Benefits-other (describe)	/
Benefits-other (describe)	
Benefits-other (describe)	/
Car allowance	
Vehicle provided by government	F
(enter amount reported on W-2)	
Per diem	
Reimbursements	
Travel	
Registration fees	
Conference travel	
Housing	1
Unvouchered expenses (example:	
travel advances, etc.)	
Special meals	
Other	

David MEEAcharn receives no Compensation or benefits