

Lincoln Parish  
Notarial Examining Committee

AFFIDAVIT

A. Personally came and appeared before the undersigned authority, R. H. Madden, III, (officer), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Lincoln Parish Notarial Examining Committee as of December 31, 2004, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements. Please complete the revenue certification portion below.

REVENUE CERTIFICATION - for selection A only

In addition, R. H. Madden, III, (officer), who, duly sworn, deposes and says that Lincoln Parish Notarial Examining Committee received \$50,000 or less in revenues and other sources for the year ended December 31, 2004, and accordingly, is not required to have an audit for the previously mentioned year.

Or

B. Personally came and appeared before the undersigned authority, \_\_\_\_\_ (officer), who, duly sworn, deposes and says that the \_\_\_\_\_ Parish Notarial Examining Committee received no revenues and had no expenses for the year ended December 31, 2004, and accordingly, is not required to provide its financial statements to the Legislative Auditor for the previously mentioned year.

Or

C. Personally came and appeared before the undersigned authority, \_\_\_\_\_ (officer), who, duly sworn, deposes and says that all the revenues and expenditures of the \_\_\_\_\_ Parish Notarial Examining Committee are reported and audited with the (circle one) Clerk of Court / Custodian of Notarial Records or with another entity \_\_\_\_\_, for the year ended December 31, 2004, and accordingly, is not required to provide its financial statements to the Legislative Auditor for the previously mentioned year.

*[Handwritten Signature]*

Signature (of officer)  
R. H. Madden, III

Sworn to and subscribed before me (notary public) this 9th day of May, 2005.

*[Handwritten Signature]*  
NOTARY PUBLIC (Signature and Seal)  
Carol R. Telford, Notary Public  
Lincoln Parish, Louisiana  
My Commission is for life  
Notary No. 041661

Please Complete this Section:

Officer's Name R. H. Madden, III  
Street or P.O. Box P. O. Box 697  
City, State Zip Ruston, LA 71273-0697  
Telephone No. (318) 255-2631  
Fax No. (318) 255-2646  
e-mail \_\_\_\_\_

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

## Statement A

R. H. Madden, III (Officer Name)  
Chairman (Officer Title) of the Lincoln (Parish)  
**Parish Notarial Examining Committee**

## Balance Sheet, December 31, 2004

	General Fund
<b>ASSETS</b>	
Cash and cash equivalents on hand	\$ -0-
Investments (fair value) on hand	-0-
Office furnishings (Cost of desks, etc.)	-0-
Equipment (Cost of fax machine, etc.)	-0-
<b>Total Assets</b>	<b>A \$ -0-</b>
<b>LIABILITIES AND FUND BALANCE</b>	
Liabilities:	
Cash overdraft	\$ -0-
Salaries payable	-0-
Accounts payable	-0-
Other liabilities--	-0-
<b>Total Liabilities</b>	<b>B \$ -0-</b>
<b>Fund balance (See below)</b>	<b>C \$ -0-</b>
<b>Total Liabilities and Fund Balance (B plus C)</b>	<b>D \$ -0-</b>

**C** - This amount should agree with the Fund Balance at the end of the year on Statement B, amount [E].

R. H. Madden, III (Officer Name)  
 Chairman (Officer Title) of the Lincoln (Parish)  
**Parish Notarial Examining Committee**

**Statement of Cash Receipts and Disbursements  
 For the Year Ended December 31, 2004**

	General Fund
<b>CASH RECEIPTS</b>	
Examination fees collected	\$ 550.00
Interest earned	\$ -0-
Other receipts (describe):	-0-
<b>Total cash receipts</b>	<b>A \$ 550.00</b>
<b>OFFICE DISBURSEMENTS</b>	
Salaries paid	\$ -0-
Fees paid to proctors	-0-
Materials and supplies (stationery, postage, etc)	550.00
Travel and related charges	
Capital outlay (cost of purchases of equipment, etc)	
Other disbursements (describe):	
<b>Total office disbursements</b>	<b>B \$ 550.00</b>
Increase or (decrease) in fund balance (A less B)	C \$
Fund Balance at the beginning of the year (see below)	D \$ -0-
Fund balance (or deficit) at end of the year (C plus D)	E \$ -0-

**D** – This is the amount of the Fund Balance (or deficit balance) at the end of your prior year  
**E** – This amount should agree with the Fund Balance amount (C) in Statement A.