

(A) 10846

Affidavit and Revenue Certification

West Carroll Parish Coroner ENTITY NAME
West Carroll Parish
Dak 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 \$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 (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of CORONER, WEST CARROLL (entity name) as of 12-31-15 (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 CORONER, WEST CARROLL (entity name) received \$75,000 or less in revenues and other sources for the year ended 12-31-15, and accordingly, is not required to have an audit for the previously mentioned year.

N. C. Guinigundo
Officer Signature

Sworn to and subscribed before me this 22nd day of February, 2016

Barbara D Smith
NOTARY PUBLIC

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

Officer's Name DR. NOLI C. GUINIGUNDO
Officer's Title CORONER, WEST CARROLL PARISH
Address 502 ROSS ST.
DAK GROVE, LA 71263
Ph/Fax/E-mail 318-428-2358 / 318-428-2350 /
NOLI.GUINIGUNDO@GMAIL.COM

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.

Release Date MAR 16 2016

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

West Carroll Parish Coroner (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12-31-2015 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>Coroner's Fee in pronouncing</u>	\$ 3,560	\$	\$ 3,560
2. <u>patents, commitments, and</u>			
3. <u>cremation</u>			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 3,560</u>	<u>\$</u>	<u>\$ 3,560</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>Alupino & SSO- of North</u>	\$ 2,275	\$	\$
8. <u>East Louisiana ADS</u>			
9. <u>Knights of Columbus</u>			
10. <u>fee for preparation of</u>			
11. <u>cremation papers</u>			
12. <u>PHL American SSO of South Calif</u>			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 2,275</u>	<u>\$</u>	<u>\$ 2,275</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 1,285	\$	\$ 1,285
15. Fund Balance at beginning of year	\$ 33,845	\$	\$ 33,845
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 35,130	\$	\$ 35,130

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

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Statement B

West Carroll Parish Coroner (Agency Name)

Balance Sheet, on 12-31-2015 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 35,130	\$	\$ 35,130
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)	\$ 35,130	\$	\$ 35,130
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)	35,130		35,130
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 35,130	\$	\$ 35,130

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West Carroll Parish Coroner (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: Dr Noli Guinigundo

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

*NOT getting salary from state or Police Jury
getting paid on per patient basis
as stated in statement #.*