

## **Affidavit and Revenue Certification**

	West Carroll Parish Caroller ENTITY NAME
	West Carroll Parish
	Oak Grove, La (City), State
	ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$50,000 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).
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	Personally came and appeared before the undersigned authority, 12-6011116 (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of (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,
	Wegner Signature 9
	Sworn to and subscribed before me this 26th day of February, 20 15.  NOTARY PUBLIC
	***************************************
the e repor Roug appr	Officer's Name or provisions of state law, this report is a public ment. Acopy of the report has oeen submittee officer's Title ment. Acopy of the report has oeen submittee officer's Title mitty and other appropriate public officials. Abdress it is available for public inspection at the Baton ge office of the Legislative Auditor and where operate, at the office of the parish clerk of coult. Fax/E-mail opriate, at the office of the parish clerk of coult.  Release Date MAR 11 2015  Officer's Name Microscopy of the report is a public cer's Title of the report has oeen submittee of title officer's Title of the report has oeen submittee officer's Title of the report has oeen submittee of title officer's Title officer's Title of the report has oeen submittee of title officer's Title of the report has oeen submittee of title of the report has oeen submittee of title officer's Title of the report has oeen submittee of title officer's Title of the report has oeen submittee of title officer's Title of the report has oeen submittee of title officer's Title of the report has oeen submittee of title officer's Title of the report has oeen submittee of title officer's Title of the report has oeen submittee of title officer's Title of the report has oeen submittee of of the

West and I	ACISK CONOT (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12131 2014 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description)  1 Server some formular for  2 3	<u>\$ 256000</u>	\$	<u> </u>
4 5			
6 Total receipts (add lines 1 - 5)	\$256000	\$	\$
DISBURSEMENTS (Provide Brief Description)  7 Taymont to Dr Sunta yando (coroulor Service)  8	<u></u>	<u>\$</u>	<u> </u>
10			
11 12			
13 Total Disbursements (add lines 7 - 12)	\$ 2560,00	\$	\$
14 Change in fund balance (Lines 6 minus 13)	\$ 🖎	\$	\$
15 Fund Balance at beginning of year	\$ 6	\$	\$
16 Fund balance (deficit) at end of year (Add lines 14-15)  -This amount also goes on line 12 Statement B	\$ 6	\$	\$

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

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive

Agency Head Name Ust Carroll Parish Coronar

Purpose	Amount
Salary	B
Benefits-insurance	4
Benefits-retirement	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Benefits-other (describe)	6
Benefits-other (describe)	•
Benefits-other (describe)	6
Car allowance	8
Vehicle provided by government	
(enter amount reported on W-2)	6
Per diem	κ.
Reimbursements	9
Travei	8
Registration fees	_0
Conference travel	8
Housing	8
Unvouchered expenses (example	
travel advances etc )	<b>E</b> Q
Special meals	Q
Other	Q

De Guinisundo does Not Receive any Salary or benefits for Coroner from the Farish