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Affidavit and Revenue Certification

West Carroll Parish Coroner ENTITY NAME
West Carroll Parish
Oak 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 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, Noli C Guinigundo (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Coroner of West Carroll (enter entity name) as of December 31, 2016 (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 WEST CARROLL CORONER (entity name) received \$75,000 or less in revenues and other sources for the year ended Dec 31, 2016, and accordingly, is not required to have an audit for the previously mentioned year.

Noli C. Guinigundo Officer's Signature

Sworn to and subscribed before me this 20th day of February, 2017

Barbara D Smith NOTARY PUBLIC SIGNATURE & SEAL

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

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.
Release Date MAR 15 2017

Please Complete This Section
Officer's Name Dr Noli C Guinigundo
Officer's Title Coroner
Address 502 Ross Street
City, Zip Oak Grove LA 71263
Ph: Cell/Land 318-428-2358 428-2358
E-mail NOLI.GUINIGUNDO@GMAIL.COM

West Carroll Parish Coroner  
(Agency Name)

**Statement of Cash Receipts and Disbursements**  
**For the Year Ended** 12-31-2016  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1.	\$ 5,975	\$	\$ 5,975
2.			
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 5,975</u>	<u>\$</u>	<u>\$ 5,975</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Clerk of Court	\$ 58	\$	\$ 58
8. Office	1,243		1,243
9. Does	305		305
10.			
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 1,606</u>	<u>\$</u>	<u>\$ 1,606</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 4,369	\$	\$ 4,369
15. Fund Balance at beginning of year	\$ 35,130	\$	\$ 35,130
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 39,499</u>	<u>\$</u>	<u>\$ 39,499</u>

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

West Carroll Parish Coroner  
 (Agency Name)

Balance Sheet, on 12-31-16  
 (Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 39,499	\$	\$ 39,499
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. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 39,499</u>	<u>\$</u>	<u>\$ 39,499</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0	\$	\$ 0
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	<u>0</u>		<u>0</u>
12. Fund balance (amount from Line 16 on Statement A)	39,499		39,499
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 39,499</u>	<u>\$</u>	<u>\$ 39,499</u>

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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 Form - Please Submit Completed Form Per Attached Instructions)**

For the Year Ended 12-31-16 (Year-End)

Agency Head Name and Title: Dr. Noli Guinigundo

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 <u>Dues</u>	17. 305
18. TOTAL (enter total of line 1-17)	18. 305

\_\_\_\_ 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.)

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