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**Affidavit and Revenue Certification**

HAMPCO, INC. (Helping Assist Multi-Purpose Community Organizations) \_\_\_\_\_ ENTITY NAME  
    Ouachita     Parish  
Monroe, 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(l)(1)(c)(i).

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Personally came and appeared before the undersigned authority, Betty T. Broussard (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of HAMPCO, INC. (entity name) as of June 2017 (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, Betty T. Broussard (officer name), who, duly sworn, deposes and says that HAMPCO, INC. (entity name) received \$50,000 or less in revenues and other sources for the year ended June, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Betty T. Broussard  
Officer Signature

Sworn to and subscribed before me this 13<sup>th</sup> day of July, 2017.

Linda J. Turner #49844  
NOTARY PUBLIC Linda J. Turner

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Officer's Name Betty T. Broussard  
Officer's Title Executive Director  
Address P.O. Box 408  
Monroe, LA 71210  
Ph/Fax/E-mail 318 361-2050

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 AUG 02 2017

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

HAMPCO, INC. (Agency Name)

**Statement of Cash Receipts and Disbursements**  
For the Year Ended 2017 (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Grants	\$25000.00	\$	\$
2.			
3.			
4.			
5.			
<b>6. Total receipts</b> (add lines 1 - 5)	<u>\$25000.00</u>	<u>\$</u>	<u>\$</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Programmatic (Salaries, Presenters, Refreshments, Awards)	\$ 3254.15	\$	\$
8. Utilities (light, water, phone, internet, insurance, security, storage)	1320.36		
9. Lawn Service	70.00		
10. Supplies	132.00		
11. Payroll	625.00		
12.			
<b>13. Total Disbursements</b> (add lines 7 - 12)	<u>\$ 5401.51</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance (Lines 6 minus 13)	\$19598.49	\$	\$
15. Fund Balance at beginning of year	\$	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$19598.49	\$	\$

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

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HAMPCO, INC.  
(Agency Name)

Balance Sheet, on 2017 (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. <u>Cash and cash equivalents on hand</u>	<u>\$19598.49</u>	<u>\$</u>	<u>\$</u>
2. <u>Investments (fair value) on hand</u>			
3. <u>Office furnishings (Cost of desks, etc)</u>			
4. <u>Equipment (Cost of fax machine, etc)</u>			
5. <u>Other (brief description)</u>			
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$19598.49</u>	<u>\$</u>	<u>\$</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. <u>Liabilities (give brief description):</u>			
8.	<u>\$</u>	<u>\$</u>	<u>\$</u>
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. <u>Fund balance</u> (amount from Line 16 on Statement A)	<u>\$19598.49</u>		
13. <u>Other</u>			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$19598.49</u>	<u>\$</u>	<u>\$</u>

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Statement C

HAMPCO, INC. (Helping Assist Multi-Purpose Community Organizations (Agency Name)

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

Agency Head Name/Title: Betty T. Broussard, Executive Director

Purpose	Amount
Salary	\$312.50 x 2 = \$625.00
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	