BAYOU Designed - BAYOU BODTHO	come Cut- off Loop
BAYOU Designed - BAYOU BORTHON WATER CONSCRUATION BOARD	ENTITY NAME
Ocachita + Mo	pelouse Parish
	(City), State
	(3.9), 3.0.0
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS	6 (if applicable)
The annual sworn financial statements are required Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised S	by Louisiana Revised Statute 24:514 to be filed with the he fiscal year. The certification of revenues of \$75,000 or statute 24:513(J)(1)(c)(i)(aa).
	10
Personally came and appeared before the undersign	ned authority, Nap N. Wyatt
fairly the financial position of B.D. B.R. C. J. C.	says that the financial statements herewith given present WATER ROARD (enter entity name) as of
(entity's year-end), and the results of operations for the year then anded in
accordance with the basis of accounting described wi	thin the accompanying financial statements.
DISIS CUIT-OFF WATER KOARM (entity na	(officer name), who, duly sworn, deposes and says that ame) received \$75,000 or less in revenues and other, and accordingly, is not required to have an audit for
	Park Street
NP NI	e) coett
W 10 3 11 2 2	Officer's Signature
Sworn to and subscribed before me thisday of _	August, 2022.
	SA BENS JONES
NOTARY PUBLIC S	IGNATURE & SEAL NOTARY PUBLIC NOTARY ID NO. 91768
	STATE OF LOUISIANA
For Office Use Only	Please Complete This Section
Under provisions of state law, this report will become a public document on the	Officer's Name
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	Officer's Title
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the	Address
office of the parish clerk of court.	Ph: Cell/Land

Affidavit and Revenue Certification

10-05-2022

Release Date

Bayou Designo	1 - Bayon Roetholonew
Cut-off Loop w	LATER CONSCRUATION BOARD
(Agency Name)	Ce ModaC In tel an

Statement of Cash Receipts and Disbursements

For the Year Ended Dec. 31 - 202)
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. Interest 2	\$ 23.09	\$ 230	\$23.09
3. 4. 5			
6. Total receipts (add lines 1 - 5)	\$ 23.09	\$	\$
DISBURSEMENTS (Provide Brief Description): 1. Account BANK Too 8. 9.	\$20.00	\$	\$2000
9. 10. 11.			
12. 13. Total Disbursements (add lines 7 - 12)	\$ 20.00	\$	\$20.00
 14. Change in fund balance (Lines 6 minus 13) 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 	\$ 3.09 \$46,171.62 \$46,171.62	\$ \$	\$ \$46171.62 \$46172.62

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

BAYOU D	esignay	RAYOU B. CONSCRUA	artho	Jomen
ent of s	WATER	CONSCRUA	tion	ROADU
(Agency Na	ime)			

Balance Sheet, on Dec. 31, 2021 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand	6211 17112	•	0/// 177 /
Investments (fair value) on hand	\$46,171,62	3	\$46172.62
Office furnishings (Cost of desks, etc)	· · · · · · · · · · · · · · · · · · ·		
4. Equipment (Cost of fax machine, etc) 4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)		***************************************	
6. Total Assets (add lines 1 - 5)	\$46,171.63	\$	\$46,172,62
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0.00	\$	\$ 0.00
9.	Ψ 0.00	Ψ	4 0.0 0
10.			The second second
11. Total Liabilities (add lines 7 - 10)	0.06		0.0-
12. Fund balance (amount from Line 16 on Statement A)	46,17162		4617565
13. Other			70/1200
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$4617163	\$	\$4617163

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

BAYOU DESIGNED - BAYOU RGETholome u Cut off	Loop
WATER Conservation BOARD for Cuachita	
1 Morebouse Parist	(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 12/31/21 (Year-End)

Agency Head Name and Title: Applilly find new vsc cetary Treasure

Purpose	Dollar Amount
1. Salary	1.0.00
2. Benefits-insurance	2.
Benefits-retirement	3.
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	17.
18. TOTAL (enter total of line 1-17)	18. 0,00

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 (quasipublic) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)