

## Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Trappey Economic Development District
Address: 200 W. Second Street, Lafayette, LA 70501
Telephone: (337) 504-2314 Email: Rebekke@lptfa.org
This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to <a href="mailto:ereports@lla.la.gov">ereports@lla.la.gov</a> , faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor — Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.
AFFIDAVIT
Personally came and appeared before the undersigned authority, Thomas Hooks (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Trappey Economic Development Distric (entity's name) as of October 31, 2024 (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; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows:
Complete if Applicable: In addition, Thomas Hooks (officer's name), who duly sworn, deposes, and says that Trappey Economic Development Distr (entity's name) received \$75,000 or less in revenues and other sources for the year ended 10/31/2024 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.  OFFICER'S SIGNATURE OFFICER'S TITLE  Sworn to and subscribed before me, this 315+ day of January , 20 25  Hamaka Mamou Notary Public Shamika Mamou Notary Public

Sworn Financial Statement

State of Louisiana
Updated: 08/07/2023

Entity Name: Trappey Economic Development Distric Fiscal

Fiscal Year End: October 31, 20

Statement of Receipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. General Sales Tax	\$ 8,905.00		\$ 8,905.00
2. Interest Income	\$ 4.00		\$ 4.00
3.			\$ 0.00
4.			\$ 0.00
5.			\$ 0.00
6. Total receipts (add lines 1 - 5)	\$ 8,909.00	\$ 0.00	\$ 8,909.00
DISBURSEMENTS (Provide Brief Description):			
Legal Fees	\$ 2,560.00		\$ 2,560.00
8. Admin/Accounting Fees	\$ 3,158.00		\$ 3,158.00
9. Bank Fees	\$ 180.00		\$ 180.00
10.			\$ 0.00
11.			\$ 0.00
12.	-		
13. Total Disbursements (add lines 7 - 12)	\$ 5,898.00	\$ 0.00	\$ 0.00 \$ 5,898.00
14. Change in fund balance (Lines 6 minus 13)	\$ 3,011.00	\$ 0.00	\$ 3,011.00
15. Fund Balance at beginning of year	\$ 8,732.00		\$ 8,732.00
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 11,743.00	\$ 0.00	\$ 11,743.00

Identify the Basis of Accounting, if not using Cash-Basis:

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

Fiscal Year End: October 31, 20

## **Balance Sheet**

## Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	A 44 740 00		A 44 740 00
0.1	\$ 11,743.00		\$ 11,743.00
2. Investments (fair value)			\$ 0.00
3. Office furnishings (Cost of desks, etc)			Ψ 0.00
o. Ombo turnormigo (Obot of doorio, oto)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			
			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 11,743.00	\$ 0.00	\$ 11,743.00
7. Liabilities (brief description):			\$ 0.00
8,			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)			
	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 11,743.00	\$ 0.00	\$ 11,743.00
13. Other			
44 T. 111 178 15 15 15 15 15	A 44 740 CC	<b>*</b> • • • •	\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 11,743.00	\$ 0.00	\$ 11,743.00

## Schedule of Compensation, Benefits and Other Payments to Entity Head

	None
Agency Head Name, Title:	

Purpose	Dollar Amount
1. Salary	\$ 0.00
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$ 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 (quasi-public) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)

Sworn Financial Statement Updated: 08/07/2023