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Ascension Parish Coroner Financial Statements For December 31, 1999

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 _____ APR 1 9 2000

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Ascension Parish Coroner

Balance Sheet Year Ended December 31, 1999

Assets

Cash

Fund Balance

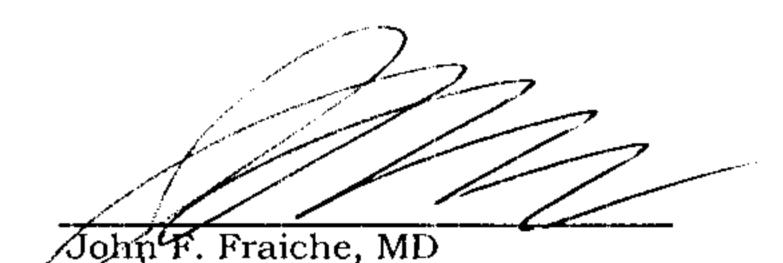
Fund Balance

\$385.06

\$385.06

1999

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John F. Fraiche, MD Ascension Parish Coroner

See Accountant accompany note to financial statements

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Ascension Parish Coroner

Statement of Revenue and Expenses and Changes in Fund Balances Year Ended December 31, 1999

Revenues		1999
	Retainer-Ascension Parish	33,000.00
	Charges for Services	3,514.00
	Autopsy Copies	100.00
	Total Revenues:	38,613.00
Expenditu	res:	
General & Administrative		38,341.65
	Miscellaneous	189.29
	Total Expenditures:	38,530.94
	Profit -Revenues over Expenditures:	82.06
	Fund Balance, beginning of year	303.00
	Fund Balance, end of year	385.06

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Affidavit and Revenue Certification RECEIVED LEGISEARING APPHOR JOHN F. FRAICHE, MD. ASCENSION PARISH CORNER FINTETY NAMES2 ASCENSION Parish GONZALES (City), Louisiana

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. If applicable, the certification of revenues \$50,000 or less is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).

(Complete if applicable) In addition,	, (name), who, duly sworn, deposes and <u>Parish</u> (entity name) received \$50,000 or less in led <u>Decempered</u> 31, 1979, and accordingly, is sly mentioned year.
	Signature
•	
Sworn to and subscribed before me this	day of <u>peril</u> , 2000 HERRY S. LANDRY NOTARY PUBLIC Parish of Orleans, State of Louisiana My Commission is issued for Life
**************************************	***************************************
Title	
Address	

Telephone No.____

Fax No.