#### **Avoyelles Parish**

## Simmesport, Louisiana

TRANSMITTAL LETTER

**ANNUAL FINANCIAL STATEMENTS** 

March 31, 2021

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended December 31, 2020.

The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

<u>Thomas N Laborde, Secretary/Treasurer</u>
Officer's Name

**Enclosures** 

#### Affidavit and Revenue Certification

#### **AVOYELLES PARISH GRAVITY DRAINAGE DISTRICT #1**

## Avoyelles Parish Simmesport, Louisiana

## 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, Thomas N Laborde, Secretary/Treasurer, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Avoyelles Parish Gravity Drainage District #1 as of December 31, 2020, 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, Thomas N Laborde, Secretary/Treasurer, who, duly sworn, deposes and says that the Avoyelles Parish Gravity Drainage District #1, received \$75,000 or less in revenues and other sources for the year ended December 31, 2020, and accordingly, is not required to have an audit for the previously mentioned year.

Officer's Signature

Sworn to and subscribed before me this 31 day of March, 2021

NOTARY PUBLIC SIGNATURE & SEAL

#### 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 \_\_\_\_\_\_04-14-2021

Officer's Name	
Officer's Title	
Address	
City, Zip	
Ph: Cell/Land	
E-mail	

ALOYSIA C DUCOTE Notary Public State of Louisiana Avoyelles Parish Notary ID # 21780

# Statement of Cash Receipts and Disbursements For the Year Ended December 31, 2020

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Tax Receipts	\$ 9,688.19	\$	\$
2. Interest Income on checking account	237,76		
3. Interest Income on certificates of deposit	1,153.49		
4,			
5			
6. Total receipts (add lines 1 - 5)	\$11,079.44	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. Professional fees 8. 9.	\$430.00	\$	<u>\$</u>
10.			
11. 12.		·	<del>-</del>
13. Total Disbursements (add lines 7 - 12)	\$430.00	\$	\$
14. Change in fund balance (Lines 6 minus 13)	10,649.44	\$	\$
15. Fund Balance at beginning of year	\$163,695.29		\$
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$174,344.73		\$

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

## Balance Sheet, on December 31, 2020

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	_ \$98,813.31	\$	\$
2. Investments (fair value) on hand	75,531.42		
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)	<u> </u>		
6. Total Assets (add lines 1 - 5)	\$174,344.73	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8	\$	\$	\$
9.			
10			
11. Total Liabilities (add lines 7 - 10)	0.00		
12. Fund balance (amount from Line 16 on Statement A)	174,344.73		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$174,344.73	\$	\$

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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 December 31, 2020

## Agency Head Name and Title: Thomas Laborde, President (1/1/2020-12/31/2020)

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	17.
18. TOTAL (enter total of line 1-17)	18.

X 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.)