

Executive/Central Committee Name: JON DAVID McEACHARN
City: ST. JOSEPH LA. Parish: TENSAS.

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

Date: 6-5-23

VIA Email: ereports@lla.la.gov

Ms. Gayle Fransen, CPA
Local Government Reporting Manager
Office of the Louisiana Legislative Auditor

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 18:447 and 464(F), enclosed are the certified annual financial statements for my office, as of and for the year ended 2022.
The statements include all funds under the control of this entity.

Sincerely,

Jon David McEacharn

Officer's Signature (must be signed by Treasurer or, if none, by the chairman)

PRESIDENT Jon David McEacharn

Officer's Name/Title

Street/P.O. Box Address 1426 Hwy 604

City/Zip Code ST. JOSEPH, LA. 71364

Telephone Number 318-372-7277

Email Address DAVID@TENSASCORONER.COM

Enclosures

Executive/Central Committee Name: Tensas

Statement of Financial Position at 2022 (month, day and year of fiscal year end)

ASSETS (balances at year-end)

1	Cash and cash equivalents on hand	<u>0</u>
2	Investments (fair value) on hand	<u>0</u>
3	Office furnishings (cost of desks, etc.)	<u>0</u>
4	Equipment (cost of computers, etc.)	<u>0</u>
5	Other (brief description)	<u>0</u>
6	Total Assets (add lines 1-5)	<u>\$ 0.00</u>

LIABILITIES AND NET ASSETS (balances at year-end):

7	Liabilities (give brief description):	<u>0</u>
8		<u>0</u>
9		<u>0</u>
10	Total Liabilities (add lines 7-9)	<u>\$ 0.00</u>
11	Total Net Assets (line 6 minus line 10, which should be the same as amount from Form B, line 16)	<u>\$ 0.00</u>
12	Total Liabilities and Net Assets (add lines 10 and 11)	<u>\$ 0.00</u>

This amount should match Line 6 above.

Executive/Central Committee Name: Texas

Statement of Cash Receipts and Disbursements

As of and For the Year Ended 2022 (month, day and year of fiscal year end)

RECEIPTS:

1	National/State Party Contributions _____	<u>0</u>
2	Donations _____	<u>0</u>
3	Other (brief description) _____	<u>0</u>
4	Other (brief description) _____	<u>0</u>
5	Other (brief description) _____	<u>0</u>
6	Total Receipts (add lines 1-5)	<u>\$ 0.00</u>

DISBURSEMENTS (Provide Brief Description):

7	Bank Charges _____	<u>0</u>
8	Meetings _____	<u>0</u>
9	Outreach (radio, newspaper, mailings) _____	<u>0</u>
10	Utilities _____	<u>0</u>
11	Other (brief description) _____	<u>0</u>
12	Other (brief description) _____	<u>0</u>
13	Total Disbursements (add lines 7-12)	<u>\$ 0.00</u>
14	Change in Net Assets (Line 6 minus line 13)	<u>\$ 0.00</u>
15	Net Assets at Beginning of the Year (taken from previous year's report, Form A, line 11)	<u>0</u>
16	Net Assets (deficit) at End of Year (Add lines 14 and 15) - This line should match Form A, line 11.	<u>\$ 0.00</u>