

Updated: 08/07/2023

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

Entity Name: TAMAR	ON SUBDIVISION	IMPROVEME	NT DISTRICT		
Address: 7208 E TAM	MARON BOULEVAR	RD			
Telephone: <u>50490882</u>	79	Email: BHOF	NSBY@COX.NE	T	
This annual sworn finar the end of the entity's fix 3986, or mailing to Lot Rouge, LA 70804-9397.	scal year by sending a uisiana Legislative Au	pdf copy by en	ail to <u>ereports@lla</u>	<u>.la.gov</u> . faxing to	225-339-
		AFFIDAVIT			· · · · · · · · · · · · · · · · · · ·
Personally came and app	peared before the unde	ersigned author	_{ity,} Barbara Eved	que Hornsby	(officer's
name), who, duly sworn material respects, the fit of December 31, 202	, deposes and says the nancial position of \underline{T}	at the financial AMARON SU	statements herewit	h given present fa	name) as
accordance with the bas	sis of accounting desc	cribed within th	e accompanying fi	nancial statement	s; that the
entity has maintained a	system of internal con	ntrol structure	sufficient to safegu	ard assets and co	mply with
laws and regulations;	and that the entity	has complied	l with all laws a	nd regulations,	except as
follows:					
Complete if Applicable: deposes, and says that _ in revenues and other so is not required to have a	Tamaron Subdivisio urces for the year ende	n Improveme ed December	nt Di: (entity's nam 31, 2023 (entity's	e) received \$75,0	000 or less
Dugw-	Talk		Member		
OFFICER'S SIGNATU	RE /	_	OFFICER'S TITI	LE	
Sworn to and subscribed	l before me. this 2	7day of	April	, 2024	
NOTARY PUBLIC SIG	ONATURE	.			
Duayne & Smi	~ ~~~				

Swom Financial Statement

Entity Name: TAMARON SUBDIVISION IMPROVEN Fiscal Year End: December 31,

Statement of Receipts and Disbursements Statement A Other General Fund Fund Total **RECEIPTS (Provide Brief Description):** Improvement District Deposits \$8,295.55 \$ 8.295.55 2 Security purchase deposits \$800.20 \$ 800.20 \$ 0.00 4. \$ 0.00 5. \$ 0.00 6. Total receipts (add lines 1 - 5) <u>\$ 9,095.75</u> <u>\$ 0.00</u> <u>\$ 9,095.75</u> **DISBURSEMENTS (Provide Brief Description):** Landscaping \$ 7,600.00 \$ 7,600.00 <u>Office Expense</u> \$ 515.79 \$ 515.79 9. \$ 270.00 Repairs \$ 270.00 10. <u>\$ 3,655.75</u> \$ 3,655.75 Security 11. Utilities \$ 788.99 \$ 788.99 12. \$ 0.00 \$ 12,830.53 \$ 0.00 \$ 12,830.53 13. **Total Disbursements** (add lines 7 - 12) 14. Change in fund balance (Lines 6 minus 13) **-**\$ 3,734.78 \$ 0.00 **-**\$ 3,734.78 15. Fund Balance at beginning of year \$ 7,258.00 \$ 7.258.00 16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B \$ 3.523.22 \$ 0.00 \$ 3.523.22

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.

Sworn Financial Statement Updated: 08/07/2023

Entity Name: TAMARON SUBDIVISION IMPROVEM

Fiscal Year End: December 31,

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)	1 4114	· unu	1041
Cash and cash equivalents			
	\$ 3,523.22 <u></u>		\$ 3,523.22
2. Investments (fair value)			# 0.00
Office furnishings (Cost of desks, etc)			\$ 0.00
o. Office faringinings (Cost of desits, Cto)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			
			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 3,523.22	\$ 0.00	\$ 3,523.22
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):			
8.			\$ 0.00
			\$ 0.00
9.			\$ 0.00
10.			Ψ 0.00
			\$ 0.00
11. Total Liabilities (add lines 7 - 10)			
40 F	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 3,523.22	\$ 0.00	\$ 3,523.22
13. Other			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 3,523.22	\$ 0.00	\$ 3,523.22

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title:

Purpose	Dollar Amount		
1. Salary			
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)	\$ 0.0		

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.)

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