

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

Entity Name: St. Tammany Parish Levee Drainage and Conservation District

Address: 2805 Pontchartrain Drive, Suite 17, Slidell, LA 70458

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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 ereports@lla.la.gov, 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, Stephen Price, Treasurer (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 St. Tammany Parish Levee Drainage and Conservation District (entity's name) as of June 30, 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: none noted

Complete if Applicable: In addition, Stephen Price, Treasurer (officer's name), who duly sworn, deposes, and says that St. Tammany Parish Levee Drainage and Conservation District (entity's name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2024 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATURE

Treasurer
OFFICER'S TITLE

Sworn to and subscribed before me, this 9 day of August, 2024


NOTARY PUBLIC SIGNATURE

Mary E. Spears, Notary Public #58914
My Commission expires with my life

Entity Name: St. Tammany Parish Levee Drainage and Conservation District

Fiscal Year End: June 30, 2024

Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. CPRA	11986.72		11986.72
2.			0
3.			0
4.			0
5.			0
6. Total receipts (add lines 1 - 5)	<u>11986.72</u>	<u>0</u>	<u>11986.72</u>
DISBURSEMENTS (Provide Brief Description):			
7. Insurance	4509.6		4509.6
8. Professional services	3750		3750
9. Travel	1644.75		1644.75
10. Dues	2250		2250
11. Offices Supplies, internet, and expense reimbursement	301.69		301.69
12. Advertisement	800		800
13. Total Disbursements (add lines 7 - 12)	<u>13256.04</u>	<u>0</u>	<u>13256.04</u>
14. Change in fund balance (Lines 6 minus 13)	-1269.3200000000015	0	-1269.3200000000015
15. Fund Balance at beginning of year	41221.88		41221.88
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	39952.56	0	39952.56

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.

Entity Name: St. Tammany Parish Levee Drainage and Conservation District

Fiscal Year End: June 30, 2024

Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	39952.56		39952.56
2. Investments (fair value)			0
3. Office furnishings (Cost of desks, etc)			0
4. Equipment (Cost of fax machine, etc)			0
5. Other (brief description)			0
6. Total Assets (add lines 1 - 5)	<u>39952.56</u>	<u>0</u>	<u>39952.56</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			0
8.			0
9.			0
10.			0
11. Total Liabilities (add lines 7 - 10)	0	0	0
12. Fund balance (amount from Line 16 on Statement A)	39952.56	0	39952.56
13. Other			0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>39952.56</u>	<u>0</u>	<u>39952.56</u>

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: _Suzanne Kreiger, Board Chairman

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	1644.75
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)	1644.75

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.)