

Executive/Central Committee Name: Claiborne Parish Republican Party Executive Committee

City: Homer Parish: Claiborne

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

Date: 3/1/2025

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 December 31, 2024.
The statements include all funds under the control of this entity.

Sincerely,

Kenneth White

 Digitally signed by Kenneth White
Date: 2025.03.01 12:37:06 -06'00'

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

Kenneth White, Chairman

Officer's Name/Title

Street/P.O. Box Address 125 Beavers Creed Rd

City/Zip Code Haynesville, LA 71037

Telephone Number 318-548-8051

Email Address lakenwhite@ao.com

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS.

Form updated May 2023

Executive/Central Committee Name: Claiborne Parish Republican Party Executive Committee

Statement of Financial Position at 12/31/24 (month, day and year of fiscal year end)

ASSETS (balances at year-end)

1	Cash and cash equivalents on hand_____	\$ 589.80
2	Investments (fair value) on hand_____	_____
3	Office furnishings (cost of desks, etc.)_____	_____
4	Equipment (cost of computers, etc.) _____	_____
5	Other (brief description) _____	_____
6	Total Assets (add lines 1-5)	<u>\$ 589.80</u>

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

7	Liabilities (give brief description): _____	_____
8	_____	_____
9	_____	_____
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>\$ 589.80</u>
12	Total Liabilities and Net Assets (add lines 10 and 11)	<u>\$ 589.80</u>

This amount should match Line 6 above.

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Statement of Cash Receipts and Disbursements

As of and For the Year Ended 12/31/24 (month, day and year of fiscal year end)

RECEIPTS:

1	National/State Party Contributions _____	
2	Donations _____	
3	Other (brief description) <u>Qualifying Fee</u> _____	<u>\$ 20.00</u>
4	Other (brief description) _____	
5	Other (brief description) _____	
6	Total Receipts (add lines 1-5)	<u>\$ 20.00</u>

DISBURSEMENTS (Provide Brief Description):

7	Bank Charges _____	<u>\$ 180.00</u>
8	Meetings _____	
9	Outreach (radio, newspaper, mailings) _____	
10	Utilities _____	
11	Other (brief description) _____	
12	Other (brief description) _____	
13	Total Disbursements (add lines 7-12)	<u>\$ 180.00</u>
14	Change in Net Assets (Line 6 minus line 13)	<u>-\$ 160.00</u>
15	Net Assets at Beginning of the Year (taken from previous year's report, Form A, line 11)	<u>\$ 749.80</u>
16	Net Assets (deficit) at End of Year (Add lines 14 and 15) - This line should match Form A, line 11.	<u>\$ 589.80</u>