VIOLET	BERNARD PARISH DEMOCATIC COMMITTEE
City: VIOLET	Parish: ST. BERNARD
TRA	ANSMITTAL LETTER
ANNUAL	_ FINANCIAL STATEMENTS
Date: 12/31	1/2023
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 Sta	atute 18:447 and 464(F), enclosed are the certified annual and for the year ended $12/3{ m TAMARA}1/2023$
In accordance with Louisiana Revised Sta	and for the year ended $\underline{12/3TAMARA1/2023}$
In accordance with Louisiana Revised Sta financial statements for my office, as of	and for the year ended $\underline{12/3TAMARA1/2023}$
In accordance with Louisiana Revised Sta financial statements for my office, as of	and for the year ended $\frac{12/3TAMARA1/2023}{12/3TAMARA1/2023}$ be control of this entity.
In accordance with Louisiana Revised Sta financial statements for my office, as of	and for the year ended $\frac{12/3TAMARA1/2023}{12/3TAMARA1/2023}$ be control of this entity.
In accordance with Louisiana Revised Sta financial statements for my office, as of	and for the year ended 12/3TAMARA1/2023  e control of this entity.  Sincerely,  Officer's Signature (must be signed by Treasurer or, if none, by the chairman)
In accordance with Louisiana Revised Sta financial statements for my office, as of	and for the year ended 12/3TAMARA1/2023  se control of this entity.  Sincerely,  Officer's Signature (must be signed by Treasurer or, if hone, by the chairman)  TAMARA JONES/TREASURER  Officer's Name/Title
In accordance with Louisiana Revised Sta financial statements for my office, as of	and for the year ended 12/3TAMARA1/2023  e control of this entity.  Sincerely,  Officer's Signature (must be signed by Treasurer or, if hone, by the chairman)  TAMARA JONES/TREASURER  Officer's Name/Title
In accordance with Louisiana Revised Sta financial statements for my office, as of	and for the year ended 12/3TAMARA1/2023  e control of this entity.  Sincerely,  Officer's Signature (must be signed by Treasurer or, if hone, by the chairman)  TAMARA JONES/TREASURER  Officer's Name/Title  Street/P.O. Box Address 2824 ACORN DRIVE  City/Zip Code VIOLET, LA, 70092
In accordance with Louisiana Revised Sta financial statements for my office, as of	and for the year ended 12/3TAMARA1/2023  e control of this entity.  Sincerely,  Officer's Signature (must be signed by Treasurer or, if hone, by the chairman)  TAMARA JONES/TREASURER  Officer's Name/Title

Execu	utive/Central Committee Name: ST. BERNARD PARTSH EXECUTIVE COMMITT	EE
	ement of Financial Position at $\frac{12/31/2023}{}$ (month, day and year of fiscal year	
ASS	SETS (balances at year-end)	
1	Cash and cash equivalents on hand	\$14, 700. 28
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)	\$14,700.28
LIA	BILITIES AND NET ASSETS (balances at year-end):	
7	Liabilities (give brief description):	\$0.00
8		-
9		
10	Total Liabilities (add lines 7-9)	\$ 0.00
11	<b>Total Net Assets</b> (line 6 minus line 10, which should be the same as amount from Form B, line 16)	\$14,700.28
12	Total Liabilities and Net Assets (add lines 10 and 11)	\$14, 700. 28
	This amount should match Line 6 above.	

## Statement of Cash Receipts and Disbursements

As of and For the Year Ended  $\frac{12/31/2023}{2}$  (month, day and year of fiscal year end)

REC	CEIPTS:	
1	National/State Party Contributions	\$0.00
2	Donations	\$0.00
3	Other (brief description)	\$0.00
4	Other (brief description)	00 02
5	Other (brief description)	\$0.00
6	Total Receipts (add lines 1-5)	\$ 0.00

## **DISBURSEMENTS (Provide Brief Description):**

DIDE	OKSEMENTS (Provide Brief Description):	
7	Bank Charges	\$0.00
8	Meetings	\$0.00
9	Outreach (radio, newspaper, mailings)	\$0.00
10	Utilities	\$0.00
11	Other (brief description)	\$0.00
12	Other (brief description)	\$0.00
13	Total Disbursements (add lines 7-12)	\$0.00
14	Change in Net Assets (Line 6 minus line 13)	\$0.00
	Net Assets at Beginning of the Year (taken from previous year's report, Form A,	\$14, 700. 28
15	line 11)	φ14, 100. 20
16	Net Assets (deficit) at End of Year (Add lines 14 and 15) - This line should match Form A, line 11.	\$ 0.00