10033-20

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# TRANSMITTAL LETTER ANNUAL FINANCIAL STATEMENTS

(Date) 9/22/20

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended <u>June 30, 2020</u> (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

Anthony Rouchon, Treasurer

Officer's Name, Title

**Enclosures** 

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

#### **Affidavit and Revenue Certification**

East Feliciana Fansii Economic Dev	velopinent District E	ENTITY NAME
East Felicia	<u>na</u> Parish	
Jackson, Louis	siana (City), State	
	CAMPALLANGE ( * · · · · / / / )	
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS	(if applicable)	
The annual sworn financial statements are required by Legislative Auditor within 90 days after the close of the ess, if applicable, is required by Louisiana Revised States	e fiscal year. The certification	24:514 to be filed with the of revenues of \$75,000 or
Personally came and appeared before the undersigne (enter officer name), who, duly sworn, deposes and stairly the financial position of East Feliciana Parish Eculum 30, 2020 (entity's year-end), accordance with the basis of accounting described with	cays that the financial statemer conomic Development District , and the results of operations	nts herewith given present (enter entity name) as of for the year then ended, in
	(officer name), who, duly swor me) received \$75,000 or les , and accordingly, is not rea	s in revenues and other
	Officer's Signature	
Sworn to and subscribed before me this $\frac{18^{+1}}{1}$ day of $\frac{1}{1}$	July , 2020.	
NOTARY PUBLIC SI	SEAL SEAL	LISA W. SHAFPER Notary Public State of Louisiana East Feliciana Parish Notary ID # 55417 My Commission is for Life
For Office Use Only	Please Comple	ete This Section
	0.00	

Please Complete This Section				
Officer's Name	Anthony Rouchon			
Officer's Title _	Treasurer			
Address	5122 Airport Lane			
City, Zip	Jackson, 70748			
Ph: Cell/Land	225-719-0696			
E-mail aroucho@amail.com				

### East Feliciana Parish Economic Development District

(Agency Name)

#### **Statement of Cash Receipts and Disbursements**

For the Year Ended June 30, 2020

(Year-End)

		General Fund		Other Fund	Total
RECEIPTS (Provide Brief Description):					
1. Hanger Rental	\$		\$	8707.50	\$ 8707.50
2. Insurance Refund				12.55	12.55
3.					
4.					
5.					
6. Total receipts (add lines 1 - 5)	\$		_ \$_	8720,05	\$ 8720.05
DISBURSEMENTS (Provide Brief Description):				057.00	• 057.00
7. Entergy - electricity bills at Airport	\$_		_ <u>\$</u>	357.26	\$ 357.26
8. Insurance				2858.00	2858.00
9. Legal & Surveyor for future hanger space				660. <b>0</b> 0	660.00
10. Improvements - concrete appron, storage unit, signage				7284.15	7284.15
11. Repairs & Maint tractor repair, runway maint			_	1095.60	1095.60
12. Office & Admin - checks, news ads, web fees, print ink			_	713.54	713.54
13. Total Disbursements (add lines 7 - 12)	\$		\$	12968.55	\$12968.55
				•	
14. Change in fund balance (Lines 6 minus 13)	\$		_ \$	-4248.50	\$-4248.50
15. Fund Balance at beginning of year	\$	523.02	\$	10376.23	\$10376.23
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	523.02		6127.73	\$6650.75

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## East Feliciana Parish Economic Development District

(Agency Name)

Balance Sheet, on June 30, 2020

(Year-End)

		General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:				
1. Cash and cash equivalents on hand	\$	523.02	\$ 6127.73	\$ 6650.75
2. Investments (fair value) on hand			·	
3. Office furnishings (Cost of desks, etc)		400.00		400.00
4. Equipment (Cost of fax machine, etc)				
5. Other (brief description)				
6. Total Assets (add lines 1 - 5)	\$	923.02	\$ 6127.73	\$ 7050.75
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):	•			•
8.	<u>\$</u> _		_	\$
9.			_ <del></del>	
10.		<del></del>		
11. Total Liabilities (add lines 7 - 10)				
12. Fund balance (amount from Line 16 on Statement A)		523.02	6127.73	_6650.75_
13. Other				- <del> </del>
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	523.02	<u>\$ 6127.73</u>	\$ 6650.75

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

East Feliciana Parish Economic Development District	(Agency Name)
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June 30, 2020

For the Year Ended

Agency Head Name and Title:

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

Mitchell Harrell / President

(Year-End)

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9.
10. Reimbursements	10.
11. Travel	11.
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18. 00.00

X 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.)