(Entity Name)

City, Parish

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date)

Ms. Gayle Fransen Engagement Manager Office of Legislative Auditor

1600 North Third Street

Baton Rouge, LA 70802

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

\_. The statements include all funds under the control of this entity.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Signature (must be signed by

Treasurer or, if none, by the chairman)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Name/Title

Street/P.O.Box Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosures

**PLEASE RET AIN A COPY OF THE COMPLETED FINANCIAL ST ATEMENT FOR YOUR RECORDS-**

Form updated 1/22/16

(Agency Name)

**Statement of Financial Position, at**

(Year-End)

**ASSETS** (balances at year-end) -Give brief description:

1. Cash and cash equivalents on hand $

2. Investments (fair value) on hand

3. Office furnishings (Cost of desks, etc)

4. Equipment (Cost of fax machine, etc)

5. Other (brief description)

6. **Total Assets** (add lines 1 - 5) $

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

7. Liabilities (give brief description):

8. $

9.

10. **Total Liabilities** (add lines 7 - 9).

11. **Total Net Assets** (amount from line 16 Form B)

12. Total Liabilities and Net Assets (add lines 10 and 11) $

This amount should match Line 6 above.

**Statement of Cash Receipts and Disbursements**

**For the Year Ended** (Year-End)

**RECEIPTS (Provide Brief Description):**

1. National/State Party Contributions $

2. Donations

3. Other (brief description)

4. Other (brief description)

5. Other (brief description)

6. **Total receipts** (add lines 1 - 5) $

**DISBURSEMENTS (Provide Brief Description):**

7. Bank Charges $

8. Meetings

9. Outreach (radio, newspaper, mailings)

10.Utilities

11.Other(brief description)

12.Other(brief description)

13.**Total Disbursements** (add lines 7 - 12) $

14. Change in net assets (Lines 6 minus 13) $

15. Net Assets at beginning of year (Taken from Previous $

Year’s Report, Line 11 Statement A)

16. Net Assets (deficit) at end of year

(Add lines 14 and 15) --This line should match Total Net Assets on

the Balance Sheet (Form A) $

**Instructions for Preparing Parish Executive Committee Certified Financial Statements for the Legislative Auditor**

The enclosed financial statements have three pages.

**The first page is a transmittal letter** that tells the Legislative Auditor which parish executive committee you are.

**The second page is Form A.** This form tells the Legislative Auditor what your ending balances are in the various accounts as listed on the form.

**The third page is Form B.** This form tells the Legislative Auditor how much money your agency took in and paid out during the year.

**Instructions for Filling out Form A:**

Assets:

Line 1. **Cash and cash equivalents on hand**. Enter your agency’s ending cash balance (this includes petty cash, all checking and savings accounts, and CD's with maturity less than 3 months).

Line 2. I**nvestments on hand**. Enter your agency’s ending investment balance. Leave blank if your agency has no investments.

Line 3. **Office furnishings**. Enter the cost of your agency’s office furnishings, less any depreciation. Leave blank if your agency is not keeping track of this information

Line 4. **Equipment.** Enter the cost of your agency’s equipment, less any depreciation. Leave blank if your agency is not keeping track of this information.

Line 6. **Total Assets**. Enter the total of lines 1 through 5.

Liabilities and Fund Balance:

Line 7-9. **Liabilities**. List the type and amount of any bills your agency owes to outside parties, but has not paid out at the end of the year (payroll, payments due to vendors, etc.).

Line 10. Enter the total of lines 7 through 9.

Line 11. **Total Net Assets**. Amount from line 16 of Form B

Line 12. **Total Liabilities and Net Assets**. Enter the total of lines 10 and 11. Line 12 should equal line 6 of Form A.

**If line 16 of Form B is zero, and all of the amounts in From A are zero, you do not need to submit Form A.**

**Instructions for Filling out Form B:**

1. On Line 1-5 list the types and amounts of your agency’s receipts, or monies your agency received, during the year. Give a brief explanation of what these receipts were (national or state party contributions, donations, etc.) A separate page may be used if necessary.
2. Total Lines 1-5, and put this amount on Line 6.
3. On Lines 7-12, list the types and amounts of your agency’s disbursements, or monies your agency paid out, during the year. Give a brief description of what these disbursements were for (bank charges, meetings, outreach, etc.).
4. Total Lines 7-12, and put this amount on Line 13.
5. Subtract the amount on Line 13 from the amount on Line 6, and put this amount on Line 14. If line 13 is greater than line 6, indicate that the line 14 amount is a negative number.
6. If your agency has a Net Assets amount carried over from last year, put this amount on Line 15.
7. Total Lines 14 and 15, and put this amount on Line 16.

**To complete and submit financial statement forms:**

1. Fill out the information on the transmittal letter.
2. Send the transmittal letter, Form B, and Form A (if applicable) to this address:

**Office of the Legislative Auditor – Local Government Services**

**Post Office Box 94397  
Baton Rouge, LA 70804-9397**