Affidavit and Revenue Certification

	OGRAM	(FINS)	ENTITY NAME
st & West Fe	lician	a Parish s	
linton, La	(City),	State	
		pplicable)	
or within 90 da	ys after i	the close of	the fiscal year. The
******	******	******	*****
cer name), who given present fa ity name) as of <u>s</u>	o, duly s hirly the f lune 30, 20	worn, depos inancial pos 006, and the i	es and says that the ition of 20th JDC results of operations for
NS Program	(entity	/ name) rece	ived \$50,000 or less in
		1. 11	1
		Signa	ture , Ve
ne this 18th day	of Augus	£, 20	ture DOG.
NOTARY PUSITIONS, NOTAR	of Augus OBLIC Y I.D. #	79554 H. Ware,	006. ***********************************
NOTARY PU SIMMONS, NOTAR Officer Name Officer's Title	of Augus O M DBLIC FI.D. # George Chief	79554	006. ***********************************
NOTARY PUSITIONS, NOTAR	of Augus OBLIC Y I.D. # George Chief P. O.	79554 H. Ware, Judge, 2 Box 529 on, La 70	006. Jr. 0th JDC
	TATEMENTS A ES \$50,000 OR I ments are required within 90 day or less, if applications or less, i	Einton, La (City), STATEMENTS AND ES \$50,000 OR LESS (if a ments are required by Locor within 90 days after to or less, if applicable, is recorded before the undersign cer name), who, duly so given present fairly the fitty name) as of June 30, 20 or dance with the basis of the control of t	ments are required by Louisiana Revision within 90 days after the close of or less, if applicable, is required by Louisiana Revision of less, if applicable, is required by Louisiana Revision of less, if applicable, is required by Louisiana de defore the undersigned authority cer name), who, duly sworn, depositive present fairly the financial positive name) as of June 30, 2006, and the introduce with the basis of accounting ints. L. WARE, JR., (officer name), who is a program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) receives year ended June 30, 2006, and accordant to the program (entity name) year ended June 30, 2006, and accordant to the program (entity name) year ended June 30, 2006, and accordant to the program (entity name) year ended June 30, 2006, and accordant to the program (entity name) year ended year.

(Agency Name)			
Balance Sheet, on <u>June 30, 2006</u>			
	General Fund	Other Fund	Total
ASSETS (balances at end of year) -Give brief description: 1. Cash and cash equivalents on hand	\$8097.85	\$	\$
Investments (fair value) on hand Office furnishings (Cost of desks, etc)			
 Equipment (Cost of fax machine, etc) Other (describe) 	9007 85		
6. Total Assets (add lines 1 - 5)	\$8097.85	\$	<u> </u>
LIABILITIES AND FUND BALANCE (at end of year):			
7. Liabilities (give brief description): 8. 9.	\$	\$	\$
10.		- +	
11. Total Liabilities (add lines 7 - 10)12. Fund balance (amount from Line 16 on Statement B)			
13. Other	· · · · · · · · · · · · · · · · · · ·		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$8097.85	\$	\$

FAMILIES IN NEED OF SERVICE PROGRAM (FINS) 20th JDC, East & West Feliciana

Note: Total Assets should equal Total Liabilities and Fund Balance.

FAMILIES IN NEED OF SERVICES PROGRAM (FINS) 20th JDC East & West
______(Agency Name) Feliciana

Statement of Cash Receipts and Disbursements For the Year Ended <u>June 30, 2006</u>

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1 Deposits from State of Louisiana	\$ 32,120.66\$		_
2. Interest paid on account-Landmark Ba			
3. Deposit made in error (wrong account	675.00		
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 32,979.05\$		\$
DISBURSEMENTS (Provide Brief Description): 7 Travel Expenses	212 70		
7. Travel Expenses	\$ 313.78 \$		\$
8. Salaries	31,382.96		
9. Office Expenses	2,430.05		
10.To correct error in Line 3 (above)	675.00		
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 34,801.79\$		\$
14. Increase (or decrease) in fund balance (Line 6 minus line 13)	\$ -1,822.7 4 \$		\$
15. Fund Balance at beginning of year (**see below)	\$ 9,920.59\$		\$
16. Fund balance (deficit) at end of year (Add lines 14-15) —This amount also goes on line 12, Statement A	\$ 8,097.85\$		\$

^{**} This is the "Fund Balance At End Of Year" From Last Year's Report