Entity Name: Meaux-Nunez Volunteer Fire Dept
Address: 9/24 Romules Rd Abbeville La.705
Telephone: 337-643-1890 Email: joeappling & yahoo, com
337-522-50 (2. This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov , faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.
AFFIDAVIT
Personally came and appeared before the undersigned authority, Aubrey J. APPLING
(officer's name), who, duly sworn, deposes and says that the financial statements herewith given present
fairly, in all material respects, the financial position of Meaux - Nunez Volunteer Fire Ve
fairly, in all material respects, the financial position of $\frac{Meaux - Nune2 \ Volunteer \ Fire \ Vertex (entity's name) as of \frac{20.19}{3.1} (entity's year-end) and the results of operations for the year$
then ended, in accordance with the basis of accounting described within the accompanying financial
statements; that the entity has maintained a system of internal control structure sufficient to safeguard
assets and comply with laws and regulations; and that the entity has complied with all laws and
regulations, except as follows:
Complete if Applicable: In addition, AUBREY J. APPLING (officer's name), who duly
sworn, deposes, and says that Meaux - Nunc2 VolunTeer File (entity's name) received \$75,000 or less in revenues and other sources for the year ended 3/2019 (entity's year-end), and
or less in revenues and other sources for the year ended 3/2019 (entity's year-end), and
accordingly, is not required to have an audit for the previously mentioned fiscal year.

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All And Cofficer's SIGNATURE	CHIEF OFFICER'S TITLE	
Sworn to and subscribed before me, this 73 H day of	June	, 20 <u>22</u>
NOTARY PUBLIC SIGNATURE & SEAL DOCUMENT NOT PREPARED BY NOTARY NOTARY NOTARY NOTARIZATION ONLY		

Entity Name: Meaux - Nun ez Volvation Fiscal Year End: 12-31-2019

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. Vermilien fanishldica wy 3% h	ebaTe 1293386	\$	\$
3. 4.			
5. 6. Total receipts (add lines 1 - 5)	\$12,833.86	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. Fuel.	\$ /499 <u>8</u> 5	\$	\$
8. Fe vipuen) ' 9. 10.	22,251,30	?	
11. 12.			
13. Total Disbursements (add lines 7 - 12) 14. Change in fund balance (Lines 6 minus 13)	\$ 23751615 \$=10817.08	\$	\$
15. Fund Balance at beginning of year	\$ 39,9722/	\$	\$

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Fund balance (deficit) at end of year (Add lines 14-15)		
This amount also goes on line 12, Statement B	\$2915492 \$	\$

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

Entity Name: Mea ux - Nuner Volunteer Fire Person Year End: 12-31-2019

Balance Sheet			Statement B
	General	Other	
	Fund	Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$29.154.92	\$	\$
2. Investments (fair value)	d.1/12/01.d.		
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)	\$ 29,154.92	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8.	***************************************		
9.			_
10.			
11. Total Liabilities (add lines 7 - 10)			<u> </u>
12. Fund balance (amount from Line 16 on Statement A)	j9 1549 2		***************************************
13. Other	- a1/1/2		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$29,154.92	\$	\$

Sworn Financial Statements and Certification of Revenues \$75,000 or Les	Sw	/orn	Financia	d Statement	s and	Certification	of Revenue	es \$75,000	or Le	ess
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Entity Name: MOUX-Nune2 Voluntar Fire Dept Fiscal Year End: 12-3/-3019

Entity Name: Meaux-NuneZ	Voluntace Fire Pett Fiscal Year End 12-31-2019
Entity Name: / eaux - Nunel	Volunteer Fiscal Year End: 1 -31-2017

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency	Head Name and Title:		

Purpose	Dollar Amount
1. Salary	1. O
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.

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Entity Name: Meant -Numer Vollanteer Fire VRiscal Year End: 12-31-2019

15. Unvouchered expenses (example: travel advances, etc.)	15.	1
16. Special meals	16.	1
17. Other	17.	
18. TOTAL (enter total of line 1-17)	18.	2

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.)