Address: Po boy 835, Gonzales, LA 70107  Telephone: 2259373635 Email: Kac Raines @ gmail & Com  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.
Telephone: 2259373635 Email: Kac Raines @ cymul & Com  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
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AFFIDAVIT
Personally came and appeared before the undersigned authority, Kristi C. Raines (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 1th District VFD (entity's name) as
of 2021 (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, Kristi C. Rownes (officer's name), who duly sworn, deposes, and says that 1th District VFD (entity's name) received \$75,000 or less in revenues and other sources for the year ended 12131 2021 (entity's year-end), and accordingly,
is not required to have an audit for the previously mentioned fiscal year.
OFFICER'S SIGNATURE Treasurer OFFICER'S TITLE
Sworn to and subscribed before me, this $274$ day of $9$ , $2022$
Edie M. Cagnolatti NOTARY PUBLIC SIGNATURE & SEAL  Edie M. Cagnolatti Notary Public LSBA # 25603 State of Louisiana My Commission is for Life

## **Statement of Receipts and Disbursements**

### Statement A

	General Fund				 Total	
RECEIPTS (Provide Brief Description):						
1. Fire insurance rebate	\$	49,144	\$		\$ 49,144	
2.Donations		16,246		-	 16,246	
3.Fundraising income		5,576			 5,576	
4.Sale of asset		2,500		-	2,500	
5.Other		512			512	
6. Total receipts (add lines 1 - 5)	\$	73,978		-,	\$ 73,978	
DISBURSEMENTS (Provide Brief Description): 7. Facilities and equipment 8. Operations	\$	28,514 17,836	\$		\$ 28,514 17,836	
9. Travel and conferences		9,868			 9,868	
10. Contract services		4,351			 4,351	
11. Fundraising expense		4,587			 4,587	
12.Training and other		10,405			 10,405	
13. Total Disbursements (add lines 7 - 12)	\$	75,561	\$	-	\$ 75,561	
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year 16. Fund balance (deficit) at end of year (Add lines 14-15)	\$	(1,583) 217,107		-	\$ (1,583) 217,107	
-This amount also goes on line 12, Statement B	\$	215,524	\$		\$ 215,524	

Identify the Basis of Accounting, if not using Cash-Basis:

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.

Balance Sheet				Stat	tement B
	_	General Fund	Payroll Fund		Total
ASSETS (balances at year-end)					
Cash and cash equivalents	\$	215,524	\$	- \$	215,524
2. Investments (fair value)					
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)	\$	215,524	\$	\$	215,524
LIABILITIES AND FUND BALANCE (at year-end):					
7. Liabilities (brief description):	\$		\$	\$	
8.					
9.					
10.					
11. Total Liabilities (add lines 7 - 10)					
12. Fund balance (amount from Line 16 on Statement A)	\$	215,524	\$	_ \$	215,524
13. Other					- 12
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	215,524	\$	- \$	215,524

#### Statement C

## Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Ricky Moran, Jr., Fire Chief

Purpose	Dollar Amount
1. Salary	1. NO COMPENSATION
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.

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.)