

# Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Sabine Parish EMS Advisory Board

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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](mailto: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, Melinda Heard (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 Sabine Parish EMS Advisory Board (entity's name) as of 12/31/24 (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, Melinda Heard (officer's name), who duly sworn, deposes, and says that Sabine Parish EMS Advisory Board (entity's name) received \$75,000 or less in revenues and other sources for the year ended 12/31/24 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Melinda Heard  
OFFICER'S SIGNATURE

Board Member/Secretary/Treasurer  
OFFICER'S TITLE

Sworn to and subscribed before me, this 29th day of October, 20 25

Sharon Depphards I.D.# 65736  
NOTARY PUBLIC SIGNATURE

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Entity Name: Sabine Parish Ens Advisory Board Fiscal Year End: 12/31/24

**Statement of Receipts and Disbursements**

**Statement A**

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1.	\$ <u>0</u>	\$	\$
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ <u>0</u>	\$	\$
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>Paper Statement Fees (Bank)</u>	\$ <u>27.00</u>	\$	\$
8.			
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ <u>27.00</u>	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$ <u>(27.00)</u>	\$	\$
15. Fund Balance at beginning of year	\$ <u>24,944.18</u>	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ <u>24,917.18</u>	\$	\$

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

**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.**

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Entity Name: Sabine Parish EMS Advisory Board Fiscal Year End: 12/31/24

**Balance Sheet**

**Statement B**

	General Fund	Other Fund	Total
<b>ASSETS (balances at year-end)</b>			
1. Cash and cash equivalents	<u>\$24,917.18</u>	\$	\$
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$24,917.18</u>	\$	\$
<b>LIABILITIES AND FUND BALANCE (at year-end):</b>			
7. Liabilities (brief description):	\$ <u>0</u>	\$	\$
8.			
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	<u>0</u>		
12. Fund balance (amount from Line 16 on Statement A)	<u>24,917.18</u>		
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$24,917.18</u>	\$	\$

# Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name Sabine Parish EMS Advisory Board Fiscal Year End: 12/31/24

## Statement C

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

Agency Head's Name and Title: \_\_\_\_\_

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.

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.)