Le Blanc fire Dept. (Entity Name) 10119-18 Abbeville, La. 70510 Vermilión (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3-12-19

Ms. Gayle Fransen **Engagement Manager** Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended <u>Becember 31, 2018</u> (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Kmall & Browsard
Officer's Signature
Ronald & Browssard
Officer's Name title

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

Affidavit and Revenue Certification

LeBlanc Vol. Fire Ver Abber	Dept.	ENTI	TY NAME
Ver	milión	_Parish	
Mbbev	elle, Ja, (City),	State	
ANNUAL SWORN FINANCIAL STATEMENTS CERTIFICATION OF REVENUES \$75,000 OF)	
The annual sworn financial statements are re- Legislative Auditor within 90 days after the clo- ess, if applicable, is required by Louisiana Rev	se of the fiscal year.	The certification of re	4 to be filed with the venues of \$75,000 or
Personally came and appeared before the un	dorsigned authority	Ronald J. B	noussard
enter officer name), who, duly sworn, depose airly the financial position of Jeblane (entity's year)	es and says that the	financial statements he	erewith given present er entity name) as of
accordance with the basis of accounting descri	ibed within the accor	npanying financial state	ements.
Complete if applicable) n addition, Konaid of Browsen of Blanc Vol. Flie Dept. (er sources for the year ended December 3) the previously mentioned year.	(officer name ntity name) received (3018), and acc	e), who, duly sworn, de d \$75,000 or less in cordingly, is not require	eposes and says that revenues and other d to have an audit for
Rous	ul J. Brouss	Signature	
Sworn to and subscribed before me this 12^{+6}	day of July	, <u>20<i>20</i></u> .	
Chulatte NOTARY PU	Jane (Blic signature 8	107668) SEAL	

For Office Use Only

Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 08-19-2020

Please Complete This Section		
Officer's Name Koneld of Browsard		
Officer's Title Chief		
Address 3843 Barus Ru.		
City, Zip Abbeville, Ja. 70510		
Ph: Cell/Land 331-224-26/2		
E-mail LeBlanc Too @ Yahoo. Com,		
/		

LeBlanc Vol. fire Dept.

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2018
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. 2 lo Insurance Kebate	\$ 11,194	\$	\$
2. 3. 4. 5.			
6. Total receipts (add lines 1 - 5)	\$ 11,194	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. Supplier 8. Membership Nuce	\$ 2352 ,86	\$	<u>\$</u>
9. Equipment 10:Thining	8451 256,90		
11. Sunt Writing 12. Lie Prevention 13. Total Disbursements (add lines 7 - 12)	2148.45 \$ 13,648.31	\$	-
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year	\$-2454.21	\$	\$ \$
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$ 4829.23	\$	\$

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

LeBlanc Vol. Fire Dept.

(Agency Name)

Balance Sheet, on December 31, 2018

(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand	\$ 4829,23	¢	\$
Investments (fair value) on hand	Ψ / 00-1,	Ψ	<u>Ψ</u>
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)	- 5	,	
6. Total Assets (add lines 1 - 5)	\$ 4829.23	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	4829,23		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 4829.23	\$	\$

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

LeBlane Vol. Fire Dept.	(Agency Name)
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Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended December 31, 2018 (Year-End)

Agency Head Name and Title: Rouald Browsard, Chief

Purpose	Dollar Amount
1. Salary	10-
2. Benefits-insurance	2. — 0 -
3. Benefits-retirement	30-
4. Benefits-other (describe)	40-
5. Benefits-other (describe)	50-
6. Benefits-other (describe)	6. — 0 —
7. Car allowance	70-
8. Vehicle provided by government (if reported on your W-2)	8. — 0 —
9. Per diem	9 0 -
10. Reimbursements	10. — 0 —
11. Travel	11. —0 —
12. Registration fees	12. — 0 —
13. Conference travel	13. — 0 —
14. Housing	140-
15. Unvouchered expenses (example: travel advances, etc.)	15. — 0 —
16. Special meals	16. — 0 —
17. Other	17 0 -
18. TOTAL (enter total of line 1-17)	18. — 0 —

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.)