Grant Parish Fire Dot 7 (west) Entity Name)

Holanta Grant LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 6-26-2020

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 ____ 20/9 (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,

Jusa Blackman Pres Treasurer

Enclosures

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

Affidavit and Revenue Certification

Grant Parish Fire Dis Gran	+#7 (verda) ENTITY NAME
Gran	Parish
Atlanta, La	(City) State
7. 3. 10. 11. 4. 1. 6.	(On)), State
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (i	f applicable)
The annual sworn financial statements are required by Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised States.	Louisiana Revised Statute 24:514 to be filed with the fiscal year. The certification of revenues of \$75,000 or tute 24:513(J)(1)(c)(i)(aa).
Personally came and appeared before the undersigned (enter officer name), who, duly sworn, deposes and sa fairly the financial position of	d authority, Lisa Bhickman ys that the financial statements herewith given present Fire Dist #7 (verdar) (enter entity name) as of and the results of operations for the year then ended, in in the accompanying financial statements.
(Complete if applicable) In addition,	officer name), who, duly sworn, deposes and says that ne) received \$75,000 or less in revenues and other, and accordingly, is not required to have an audit for
Lisa B.	Hupmon Officer's Signature
Sworn to and subscribed before me this $\frac{24}{3}$ day of	Sunc 2020
NOTARY PUBLIC SIG	SNATURE & SEAL
For Office Use Only	Please Complete This Section
Index provisions of state law this report will become a public decument on the	Officer's Name 150 B. Hickman

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

8/5/2020

office of the parish clerk of court.

Release Date ___

Officer's Title Pres

Address ___

City, Zip____/ Ph: Cell/Land_

(Year-End)			
		Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. TAXES, Rew. Sharing, Ins Rebotes 2. Debit Ad.	\$27587.31\$		\$27587.3.
2. Ochit Ad.	136.55		136.55
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$2772336\$	·	\$ 22.723.86
DISBURSEMENTS (Provide Brief Description):			
7. Ulilities (fas Water Elect Phre)	\$ /967 75 \$		\$ 1967.75
8. Insurance	5746,00		5746.00
9. Repair, Maint, Fuel	8487.84		8487.84
10. Mis (supplies-nowing etc	677.08		677.08
11. Stit of to Rive Mars 41 Auto Debit	55,00		
12.			
13. Total Disbursements (add lines 7 - 12)	\$16933.67\$		\$ 16833L7
14. Change in fund balance (Lines 6 minus 13)	\$1079019\$		\$ 83455.09
15. Fund Balance at beginning of year	\$8345509\$		3027208
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 9424528\$		\$ 94 245,28

Grant Parish Fire Dist 7 (weda)
(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended 2019

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

Grant Parish Fire Dist 7 (verts)	
(Agency Name)	
Balance Sheet, on <u>2019</u> (Year-End)	
G	e

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:	1		
Cash and cash equivalents on hand	\$	\$	\$
2. Investments (fair value) on hand			
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)	\$ Ø	\$	\$
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)	94245	28	-21245.24
13. Other	.,,-		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 94245	7.8	\$ 94245,28

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

Gran	+ Parist	FreDist 7	Verda	(Agency Name)

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	(Year-End)	

Agency Head 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.)