Affidavit and Revenue Certification

District 13 Votunteer Fire Department

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District 13 volunteer Fire Department	
	ENTITY NAME
VermilionParish	
_Abbeville , La(City), State	
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)	
The annual sworn financial statements are required by Louisiana Revised S Legislative Auditor within 90 days after the close of the fiscal year. The certiless, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(fication of revenues of \$75,000 or
Personally came and appeared before the undersigned authority,Andre name), who, duly sworn, deposes and says that the financial statements financial position of District 13 Volunteer Fire Department_(entity's year-end), and the results	herewith given present fairly the enter entity name) as of
ended, in accordance with the basis of accounting described within the accordance	
(Complete if applicable) In addition, _Andrew Langlinais_, (officer name), who, duly sworn, deposes a Fire Department (entity name) received \$75,000 or less in revenues and called 17, and accordingly, is not required to have an a	other sources for the year ended
year. A what you are officer's Signature	
Sworn to and subscribed before me this 23rd day of Tawany, 2019.	Joseph A. Couvillon Notary I.D. #47743 State Of Louisiana Parish of Vermilion
NOTARY PUBLIC SIGNATURE & SEAL	Commission expires upon death

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.

MAR 0 6 2019

Release Date

Please Complete This Section

Officer's Name
Officer's Title
Address
City, Zip
Ph: Cell/Land
Andrew Langlinais
Fire Chief
20233 Pine Island Rd
Abbeville 70510
337-652-5837

E-mail apl_64@yahoo.com

District 13 Volunteer Fire Department

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended 2017

(Year-End)

		General Fund		Other Fund	Total
RECEIPTS (Provide Brief Description):					
1.Vermilion Parish Police Jury	\$	15,000.00	\$		\$
2.2% Insurance Rebate		8,661.12			
3.					
4.					
5.					
6. Total receipts (add lines 1 - 5)	\$	23,661.12	\$		\$
DISBURSEMENTS (Provide Brief Description): 7.Truck Insurance	\$	6,517.86	\$		\$
8.Fuel		696.38			
9.Station Supplies	_	598.41			1 1 2
10.Truck & Station Maintenance		8,902.87			-
11.Phone, Water, Slemco		3,123.08			
12.Training		690.39			
13. Total Disbursements (add lines 7 - 12)	\$	20,531.99	\$		\$
14. Change in fund balance (Lines 6 minus 13)	\$	3,129.13	-		\$
15. Fund Balance at beginning of year	\$	18,168.08	2		\$
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$	21,297.21	\$		\$

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

District 13 Volunteer Fire Department			
(Agency Name)			
Balance Sheet, on _ (Year-End)	2017	_	

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$	\$	\$
Investments (fair value) on hand			
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$	\$	\$
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)	21,297.21		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

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

District 13 Volunteer Fire Department (Agen	cy 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	2017	(Year-End)

Agency Head Name and Title:_____

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
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.)