

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

Er	ntity Name: Village of Lucky
	ddress: 13132 Highway 4, Castor, Louisiana 71016
	elephone: 318-532-8181 Email: Village of Lucky & yahoo. com
<i>the</i> 39	nis annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of eend of the entity's fiscal year by sending a pdf copy by email to <u>ereports@lla.la.gov</u> , faxing to 225-339. 186, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Bator 1800 puge, LA 70804-9397.
-	AFFIDAVIT
Pe	rsonally came and appeared before the undersigned authority, Desmond L. Venzant (officer's
	me), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all
nna	sterial respects, the financial position of MIGGE OF LUCKY (entity's name) as JUNE 30, 2003 (entity's year-end) and the results of operations for the year then ended, in
aco	cordance with the basis of accounting described within the accompanying financial statements; that the
eni	tity has maintained a system of internal control structure sufficient to safeguard assets and comply with
lav	vs and regulations; and that the entity has complied with all laws and regulations, except as
fol	lows:
deg in s	poses, and says that VIII age of Lucky (entity's name) received \$75,000 or less revenues and other sources for the year ended 2323 (entity's year-end), and accordingly,
	Torn to and subscribed before me, this 17th day of 15cal year.  OFFICER'S SIGNATURE  OFFICER'S TITLE  Torn to and subscribed before me, this 17th day of 15cal year.  OFFICER'S TITLE
Var	nessed Brage Kanessa T. Braggs DTARY PUBLIC HONATURE #065556

Sworn Financial Statement

Updated: 08/07/2023

Entity Name: Village of Lucky

Fiscal Year End. June 30, 2013

Statement of Receipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
Franchise Tax	215570		255.70
2. Ad Valron Tax	6588.24		6588.24
3. De posited in the General fund Error			
* American Rescue Plan Funds			
6. Total receipts (add lines 1 - 5)	00.1-0.1		0-1-01
v. 1962119991pse (aza mios 1 - 0)	8,743,94		8,743,94
DISBURSEMENTS (Provide Brief Description):			
Utilities (Entergy)	3202.60		3202.60
* Blog Maint & Repair	3146.64		3146.64
2. Utility + Insurance	1770.41		170.41
10. Professional Iles	1598.03		1598,03
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	9,717.68		9,717.68
14. Change in fund balance (Lines 6 minus 13)			
15. Fund Balance at beginning of year	25,120.22		25,660,22
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	24,686.48	allian en	24,686.48

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.

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

Entity Name: Village of Lucky

Fiscal Year End: 2023

Balance Sheet

Statement B

	General Fund	Other	Total
ASSETS (balances at year-end)		The state of the s	
Cash and cash equivalents	24,62693		24,6de 1
2. Investments (fair value)	/		
3. Office furnishings (Cost of desks, etc)	-		
Equipment (Cost of fax machine, etc)			
5. Other (brief description)	principle of the second	The state of the s	
6. Total Assets (add lines 1 - 5)	24,686.48		24,686.48
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	0.00		0,00
8.			
9.			
10.	nd voncertainmentalismentalisment seller	And the State of t	
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	24,686.48		24,686,48
13. Other	,		7009
14. Total Liabilities and Fund Balance (add lines 11 - 13)	24/26.48		24686.48

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Desmond L. Venzant, Mayor

Purpose	Dollar Amount
1. Salary	0.00
2. Benefits-insurance	
Benefits-retirement	
Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	0,00

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.)