KAPLAID CITY MARSHAL OFFICE (Entity Name)
KAPLAID Vermilion Louisiang (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 9-30-2019

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

Dear Ms. Fransen:

Sincerely,

Officer's Signature

Officer's Name

Enclosures

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

Affidavit and Revenue Certification

KAPLAN CITY MARSHAL O Vermilion KAPLAN, UR	Parish (City), State
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if	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	fiscal year. The certification of revenues of \$75,000 or
Personally came and appeared before the undersigned (enter officer name), who, duly sworn, deposes and say fairly the financial position of KAPLAN CITY W (entity's year-end), accordance with the basis of accounting described within	ys that the financial statements herewith given present Arskal Office (enter entity name) as of and the results of operations for the year then ended, in
1/ APLAN CITY MARShal QLFILE (entity name	fficer name), who, duly sworn, deposes and says that e) received \$75,000 or less in revenues and other _, and accordingly, is not required to have an audit for
Kuby V	Officer's Signature
Sworn to and subscribed before me this 30 day of 3	une, 2019
NOTARY PUBLIC SIG	NATURE & SEAL NATURE & SEAL LORI DOMINGUE Notary Public ID #60073 Vermillion Parish Louisiana My Commission is For Life
For Office Use Only	Please Complete This Section
Under previsions 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	Officer's Name Officer's Title Address

Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the

Release Date ____10/20/2021

office of the parish clerk of court.

City, Zip____

Ph: Cell/Land

E-mail

KARION CITY MARShal OFFICE (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	A STATE OF THE STA		4251320
1. CITY STATE CIVIL EVICTION	\$35643.00	\$	\$35643.00
2. Garnishment		17365,10	17385.10
3. Stizure		-0-	
<u>4.</u> 5.			
	+ 2 = 1 10 =		A CO . O IN
6. Total receipts (add lines 1 - 5)	\$35 643.00	\$17385.D	\$ 53 028.10
DISBURSEMENTS (Provide Brief Description): 7. General 8. Garnishment	\$14(de8:65	\$ 18237 · 58 250 · 60	\$ 14668.65
9. Seizure		430.00	250.00
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$14668.65	\$18487.58	\$33156.23
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year	\$ 2097435	\$ - 1102-48	\$ 19371.87
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 40 766.39	\$_1587.70	\$ 39378.55

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KAPLAN (ity MARShal OFFice (Agency Name)

Balance Sheet, on June 30, 2019 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$40.716.32	\$ -1587.77	\$ 39.308.55
Investments (fair value) on hand	×		()
3. Office furnishings (Cost of desks, etc)	100 1		<u> </u>
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$40716.32	\$-1587,77	\$39.378.55
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):	8		
8.	\$	\$	\$
9.	·	<u> </u>	Name of the Control o
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	No. 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		60
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$40716.32	\$-1587.77	\$ 39.308.55

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KAPLAN CITY MARShal DFACE (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 \\\\ \2019\GYear-End)

Agency Head Name and Title: Rusy Thibeaux - MARShal

Purpose	Dollar Amount
1. Salary	1. 7 0-
2. Benefits-insurance	2 0 -
3. Benefits-retirement	3 0-
4. Benefits-other (describe)	4 0 -
5. Benefits-other (describe)	5 - 0-
6. Benefits-other (describe)	6. ~ 0-
7. Car allowance	7. , 0 ~
8. Vehicle provided by government (if reported on your W-2)	8
9. Per diem	9. 10-
10. Reimbursements	10 0-
11. Travel	11. 10-
12. Registration fees	12. / 0_
13. Conference travel	13 0-
14. Housing	14 0 -
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.)