

Livingston Parish Fire Dist #12 (Entity Name)  
Livingston, Louisiana (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) February 12, 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 December 31, 2019 (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,

Robert A. Hughes  
Officer's Signature

Robert A. Hughes  
Officer's Name, Title

Enclosures

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

Affidavit and Revenue Certification

Livingston Parish Fire Dist. #12 ENTITY NAME  
Livingston Parish  
Livingston, 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 Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Robert A. Hughes (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Fire Dist #12 - Livingston Parish (enter entity name) as of December 31, 2019 (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, Robert A. Hughes (officer name), who, duly sworn, deposes and says that Liv. Parish Fire Dist. #12 (entity name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2019, and accordingly, is not required to have an audit for the previously mentioned year.

Robert A. Hughes  
Officer's Signature

Sworn to and subscribed before me this 01 day of March, 2020.

NOTARY PUBLIC SIGNATURE & SEAL

Michael W. Lee

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 7/22/2020

Please Complete This Section

Officer's Name Robert A. Hughes  
Officer's Title Sec. / Treasurer  
Address P.O. Box 895  
City, Zip Livingston, La. 70754  
Ph: Cell/Land 225-571-9064  
E-mail rah19fire@aol.com

Livingston Parish Fire Dist #12  
(Agency Name)

**Statement of Cash Receipts and Disbursements**  
For the Year Ended December 31, 2019  
(Year-End)

|  | General<br>Fund     | Other<br>Fund | Total               |
|--|---------------------|---------------|---------------------|
| <b>RECEIPTS (Provide Brief Description):</b>   |                     |               |                     |
| 1. <u>Parish Ins. Rebate Dep.</u>  | \$ 28,859.80        | \$            | \$ 28,859.80        |
| 2.   |                     |               |                     |
| 3.   |                     |               |                     |
| 4.   |                     |               |                     |
| 5.   |                     |               |                     |
| 6. <b>Total receipts</b> (add lines 1 - 5)   | <u>\$ 28,859.80</u> | <u>\$</u>     | <u>\$ 28,859.80</u> |
| <b>DISBURSEMENTS (Provide Brief Description):</b>  |                     |               |                     |
| 7. <u>Town of Livingston</u>   | \$ 28,859.80        | \$            | \$ 28,859.80        |
| 8.   |                     |               |                     |
| 9.   |                     |               |                     |
| 10.  |                     |               |                     |
| 11.  |                     |               |                     |
| 12.  |                     |               |                     |
| 13. <b>Total Disbursements</b> (add lines 7 - 12)  | <u>\$ 28,859.80</u> | <u>\$</u>     | <u>\$ 28,859.80</u> |
| 14. Change in fund balance ( Lines 6 minus 13)   | \$                  | \$            | \$                  |
| 15. Fund Balance at beginning of year  | \$ 11,019.90        | \$            | \$ 11,019.90        |
| 16. Fund balance (deficit) at end of year (Add lines 14-15)<br>--This amount also goes on line 12, Statement B | \$ 11,019.90        | \$            | \$ 11,019.90        |

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



Livingston Parish Fire Dist #12  
(Agency Name)

Balance Sheet, on December 31, 2019  
(Year-End)

|   | General<br>Fund | Other<br>Fund | Total         |
|---|-----------------|---------------|---------------|
| <b>ASSETS</b> (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. <b>Total Assets</b> (add lines 1 - 5)                          | \$ <u>-0-</u>   | \$ <u>-0-</u> | \$ <u>-0-</u> |
| <b>LIABILITIES AND FUND BALANCE</b> (at year-end):                |                 |               |               |
| 7. Liabilities (give brief description):                          |                 |               |               |
| 8.  | \$              | \$            | \$            |
| 9.  |                 |               |               |
| 10.   |                 |               |               |
| 11. <b>Total Liabilities</b> (add lines 7 - 10)                   |                 |               |               |
| 12. Fund balance (amount from Line 16 on Statement A)             |                 |               |               |
| 13. Other   |                 |               |               |
| 14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13) | \$ <u>-0-</u>   | \$ <u>-0-</u> | \$ <u>-0-</u> |

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

Livingston Parish Fire Dist #12 (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 December 31, 2019 (Year-End)

Agency Head Name and Title: Robert A. Hughes

| Purpose   | Dollar Amount |
|---|---------------|
| 1. Salary   | 1. .00        |
| 2. Benefits-insurance                                       | 2. .00        |
| 3. Benefits-retirement                                      | 3. .00        |
| 4. Benefits-other (describe)                                | 4. .00        |
| 5. Benefits-other (describe)                                | 5. .00        |
| 6. Benefits-other (describe)                                | 6. .00        |
| 7. Car allowance  | 7. .00        |
| 8. Vehicle provided by government (if reported on your W-2) | 8. .00        |
| 9. Per diem   | 9. .00        |
| 10. Reimbursements  | 10. .00       |
| 11. Travel  | 11. .00       |
| 12. Registration fees                                       | 12. .00       |
| 13. Conference travel                                       | 13. .00       |
| 14. Housing   | 14. .00       |
| 15. Unvouchered expenses (example: travel advances, etc.)   | 15. .00       |
| 16. Special meals   | 16. .00       |
| 17. Other   | 17. .00       |
| 18. TOTAL (enter total of line 1-17)                        | 18. .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.)

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