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Affidavit and Revenue Certification

Deport Volunteer Fire Dept ENTITY NAME  
Acadiane Parish  
Deport, 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, Andrew Firmin  
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Deport Vol. Fire Dept (enter entity name) as of 2018 (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, \_\_\_\_\_, (officer name), who, duly sworn, deposes and says that \_\_\_\_\_ (entity name) received \$75,000 or less in revenues and other sources for the year ended \_\_\_\_\_, and accordingly, is not required to have an audit for the previously mentioned year.

[Signature]  
Officer's Signature

Sworn to and subscribed before me this 5th day of April, 2019.



AMANDA M. GUILLOT  
NOTARY PUBLIC  
No. 80924  
STATE OF LOUISIANA  
My Commission Expires  
at My Death

Amanda M. Guillot  
NOTARY PUBLIC SIGNATURE & SEAL

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 APR 17 2019

Please Complete This Section

Officer's Name Andrew Firmin  
Officer's Title Chief As of April 2018  
Address 5348 Hwy 107 South  
City, Zip Plaquemine 71362  
Ph: Cell/and 318-240-5198  
E-mail apntwld@gmail.com

Dupont Volunteer Fire Dept  
(Agency Name)

Statement of Cash Receipts and Disbursements  
For the Year Ended 2016  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>see attached</u>	\$ 36,225.05	\$	\$ 36,225.05
2.			
3.			
4.			
5.			
6. <b>Total receipts (add lines 1 - 5)</b>	<u>\$ 36,225.05</u>	<u>\$</u>	<u>\$ 36,225.05</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7.	\$ 32,225.05	\$	\$ 32,225.05
8.			
9.			
10.			
11.			
12.			
13. <b>Total Disbursements (add lines 7 - 12)</b>	<u>\$ 32,225.05</u>	<u>\$</u>	<u>\$ 32,225.05</u>
14. <b>Change in fund balance ( Lines 6 minus 13)</b>	\$ 4,000.00	\$	\$ 4,000.00
15. <b>Fund Balance at beginning of year</b>	\$ 30,585.07	\$	\$ 30,585.07
16. <b>Fund balance (deficit) at end of year (Add lines 14-15)</b> -This amount also goes on line 12, Statement B	\$ 34,585.07	\$	\$ 34,585.07

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

**DUPONT VOLUNTEER FIRE DEPARTMENT  
INCOME/EXPENSE REPORT  
Year End 2016**

**JULY 1, 2015 Through JUNE 30, 2016**

INCOME	TOTALS
1st Quarter Supplement	270.00
2% Insurance Rebate	4,686.56
25% Structure Income	10,000.00
2 <sup>nd</sup> Quarter Supplement	270.00
3 <sup>rd</sup> Quarter Supplement	270.00
75% Structure Income	15,538.53
Interest Income	10.45
Other Business Income	5,179.51
<b>TOTAL INCOME</b>	<b>36,225.05</b>

EXPENSES	TOTALS
Accounting	100.00
Bank Charges/Check Orders	0
Training	66.00
Uniforms	2611.00
Bank Notes on Equipment	0
Truck and Tire Repairs/Replacement	6,492.41
Equipment Inspections	4293.92
Building Supplies/Repairs	297.62
Office Supplies/Equipment	507.52
Dues/Conference/ Hotel Fees	747.51
Insurance	11,566.12
Lawn Maintenance	1,260.00
Grant Fees	0
Medical Supplies	882.65
Postage/Post Office Box Fees	117.00
Taxes, Licenses, Permit Fees	0
Utilities	1,514.08
Fuel	1,769.22
<b>TOTAL EXPENSES</b>	<b>32,225.05</b>

Dupont Vol Fire Dept  
(Agency Name)

Balance Sheet, on 2016  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS (balances at year-end) -Give brief description:</b>			
1. Cash and cash equivalents on hand	\$ 15112.60	\$	\$ 15112.60
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)	\$ 15112.60	\$	\$ 15112.60
<b>LIABILITIES AND FUND BALANCE (at year-end):</b>			
7. Liabilities (give brief description):			
8.	\$ 0	\$	\$ 0
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0		0
12. Fund balance (amount from Line 16 on Statement A)	34585.07		34585.07
13. Other	0		0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 34585.07	\$	\$ 34585.07

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

DuPont Volunteer Fire Dept (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 June 2016 (Year-End)

Agency Head Name and Title: Warren Lemoine Chief

Purpose	Dollar Amount
1. Salary	1. 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. 0
9. Per diem	9. 0
10. Reimbursements	10. 0
11. Travel	11. 0
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.)

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor –  
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16