

Avoyelles Fire District No. 1

Statement of Cash Receipts and Disbursements

For the Year Ended 12/31/17

(Year-End)

| | General Fund | Other Fund | Total |
|--|-----------------|---------------|-----------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. AD VALOREM | \$56339 | \$ | \$ |
| 2. 2% INSURANCE REBATE | 15237 | | |
| 3. QUARTERLY APPROPRIATIONS | 1080 | | |
| 4. INTEREST INCOME | 701 | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | <u>\$73817</u> | <u>\$</u> | <u>\$</u> |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. UTILITIES | \$2476 | \$ | \$ |
| 8. REPAIRS & MAINTENANCE | 5101 | | |
| 9. FUEL | 642 | | |
| 10. DUES | 150 | | |
| 11. OFFICE SUPPLIES | 98 | | |
| 12. INSURANCE | 9049 | | |
| CAPITAL OUTLAY | 8312 | | |
| 13. Total Disbursements (add lines 7 - 12) | <u>\$25828</u> | <u>\$</u> | <u>\$</u> |
| 14. Change in fund balance (Lines 6 minus 13) | \$47991 | \$ | \$ |
| 15. Fund Balance at beginning of year | \$294454 | \$ | \$ |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B | <u>\$342445</u> | <u>\$</u> | <u>\$</u> |

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

Avoyelles Fire District No. 1

Balance Sheet, on 12/31/17
(Year-End)

| | General Fund | Other Fund | Total |
|---|-----------------|---------------|-----------|
| ASSETS (balances at year-end) -Give brief description: | | | |
| 1. Cash and cash equivalents on hand | \$342445 | \$ | \$ |
| 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) | <u>\$342445</u> | <u>\$</u> | <u>\$</u> |
| LIABILITIES AND FUND BALANCE (at year-end): | | | |
| 7. Liabilities (give brief description): | | | |
| 8. | \$0 | \$ | \$ |
| 9. | | | |
| 10. | | | |
| 11. Total Liabilities (add lines 7 - 10) | 0 | | |
| 12. Fund balance (amount from Line 16 on Statement A) | 342445 | | |
| 13. Other | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | <u>\$342445</u> | <u>\$</u> | <u>\$</u> |

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_____ (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 _____ (Year-End)

Agency Head Name and Title: _____ Kim D. Wiley/ President _____

| 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.)

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