

**Affidavit and Revenue Certification**

Sabine Parish Ambulance Service District

Sabine Parish

Many, Louisiana

**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, William E. Weatherford, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Sabine Parish Ambulance Service District as of December 31, 2018, 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, William E. Weatherford, who, duly sworn, deposes and says that the Sabine Parish Ambulance Service District received \$75,000 or less in revenues and other sources for the year ended December 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

*William E. Weatherford*  
\_\_\_\_\_  
Officer's Signature

Sworn to and subscribed before me this 5<sup>th</sup> day of February 2019.

*Sharon Sepulveda I.D.# 65736*  
\_\_\_\_\_  
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 <b>MAR 06 2019</b>   |

| Please Complete This Section                  |
|---|
| Officer's Name: <u>William E. Weatherford</u> |
| Officer's Title: <u>Secretary Treasurer</u>   |
| Address: <u>400 S. Capitol St., Rm. 101</u>   |
| City, Zip: <u>Many, LA 71449</u>              |
| Ph: Cell/Land: <u>(318) 256-5637</u>          |
| E-mail: <u>bill.weatherford@outlook.com</u>   |

Sabine Parish Ambulance Service DistrictStatement of Cash Receipts and Disbursements  
For the Year Ended December 31, 2018

|  | General<br>Fund | Other<br>Fund | Total           |
|--|-----------------|---------------|-----------------|
| <b>RECEIPTS (Provide Brief Description):</b>   |                 |               |                 |
| 1. Interest  | \$ 42.76        | \$            | \$ 42.76        |
| 2.   |                 |               |                 |
| 3.   |                 |               |                 |
| 4.   |                 |               |                 |
| 5.   |                 |               |                 |
| <b>6. Total receipts</b> (add lines 1 - 5)   | <u>\$ 42.76</u> | <u>\$</u>     | <u>\$ 42.76</u> |
| <b>DISBURSEMENTS (Provide Brief Description):</b>  |                 |               |                 |
| 7.   | \$              | \$            | \$              |
| 8.   |                 |               |                 |
| 9.   |                 |               |                 |
| 10.  |                 |               |                 |
| 11.  |                 |               |                 |
| 12.  |                 |               |                 |
| <b>13. Total Disbursements</b> (add lines 7 - 12)  | <u>\$ 0.00</u>  | <u>\$</u>     | <u>\$ 0.00</u>  |
| 14. Change in fund balance ( Lines 6 minus 13)   | \$ 42.76        | \$            | \$ 42.76        |
| 15. Fund Balance at beginning of year  | \$ 26,706.24    | \$            | \$26,706.24     |
| 16. Fund balance (deficit) at end of year (Add lines 14-15)<br>--This amount also goes on line 12, Statement B | \$ 26,749.00    | \$            | \$26,749.00     |

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

**Sabine Parish Ambulance Service District****Balance Sheet, on December 31, 2018**

|   | <u>General<br/>Fund</u> | <u>Other<br/>Fund</u> | <u>Total</u>       |
|---|-------------------------|-----------------------|--------------------|
| <b>ASSETS</b> (balances at year-end) -Give brief description:     |                         |                       |                    |
| 1. Cash and cash equivalents on hand                              | \$ 26,749.00            | \$                    | \$26,749.00        |
| 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>\$ 26,749.00</u>     | <u>\$</u>             | <u>\$26,749.00</u> |
| <b>LIABILITIES AND FUND BALANCE</b> (at year-end):                |                         |                       |                    |
| 7. Liabilities (give brief description):                          |                         |                       |                    |
| 8.  | \$ 0.00                 | \$                    | \$ 0.00            |
| 9.  |                         |                       |                    |
| 10.   |                         |                       |                    |
| 11. <b>Total Liabilities</b> (add lines 7 - 10)                   | 0.00                    |                       | 0.00               |
| 12. Fund balance (amount from Line 16 on Statement A)             | 26,749.00               |                       | 26,749.00          |
| 13. Other   |                         |                       |                    |
| 14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13) | <u>\$ 26,749.00</u>     | <u>\$</u>             | <u>\$26,749.00</u> |

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

**Sabine Parish Ambulance Service District**

**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 31,2018

**Agency Head Name and Title: William E. Weatherford, Secretary Treasurer**

| <b>Purpose</b>  | <b>Dollar Amount</b> |
|---|----------------------|
| 1. Salary   | 1. 0.00              |
| 2. Benefits-insurance                                       | 2.                   |
| 3. Benefits-retirement                                      | 3.                   |
| 4. Benefits-other (describe)                                | 4.                   |
| 5. Benefits-other (describe)                                | 5.                   |
| 6. Benefits-other (describe)                                | 6.                   |
| 7. Car allowance  | 7.                   |
| 8. Vehicle provided by government (if reported on your W-2) | 8.                   |
| 9. Per diem   | 9.                   |
| 10. Reimbursements  | 10.                  |
| 11. Travel  | 11.                  |
| 12. Registration fees                                       | 12.                  |
| 13. Conference travel                                       | 13.                  |
| 14. Housing   | 14.                  |
| 15. Unvouchered expenses (example: travel advances, etc.)   | 15.                  |
| 16. Special meals   | 16.                  |
| 17. Other   | 17.                  |
| 18. TOTAL (enter total of line 1-17)                        | 18. 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.)

**Note:**

All members of the board of directors resigned effective September 6, 2016.  
The board of directors has not been replaced as of February 5, 2019.

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