

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. City Court – Court Cost	\$26,919	\$	\$26,919
2. City Court - Fines	2,546		12,912
3. City of Ville Platte	12,912		12,912
4. Bond Fees	1,872		1,872
5. Repossession fees	2,000		2,000
6. Total receipts (add lines 1 - 5)	\$46,249	\$	\$46,249
DISBURSEMENTS (Provide Brief Description):			
7. Advertising	\$1,219	\$	\$1,219
8. Auto maintenance	5,264		5,264
9. Cell phone	1,532		1,532
10. Fuel	7,863		7,863
11. Miscellaneous	13,652		13,653
12. Office supply	4,174		4,174
13. Uniforms	704		704
14. Insurance	145		145
15. Professional fees	715		715
16. Salary	825		825
13. Total Disbursements (add lines 7 - 12)	\$36,093	\$	\$36,094
14. Change in fund balance (Lines 6 minus 13)	\$10,156	\$	\$10,156
15. Fund Balance at beginning of year	\$75,638	\$	\$75,638,
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$85,794	\$	\$85,794

Identify the Basis of Accounting, if not using Cash-Basis: Cash Basis

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

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Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$85,794	\$	\$85,794
2. Investments (fair value)			
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>\$85,794</u>	<u>\$</u>	<u>\$85,794</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	85,794		85,794
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$85,794</u>	<u>\$</u>	<u>\$85,794</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Nicole Snoddy, City Marshall

Purpose	Dollar Amount
1. Salary	1.
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.

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.)