Village of Jamestown P.O. Box 5128 Jamestown, LA 71045 March 1, 2020

Ms. Gayle Fransen Engagement Manager Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Gayle 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 2019. 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,

Slenda W. Bau Officer's Signature

Ghenda W. Bare

Officer's Name

Villago of	Jan	estour	ENTITY NAME
Bies	will	Parish	
game	strong	City), State	
ANNUAL SWORN FINANCIAL STATEMENTS CERTIFICATION OF REVENUES \$75,000 OR I	1	oplicable)	· · · · · · · · · · · · · · · · · · ·
The annual sworn financial statements are required statements are required statements are required by Louisiana Revis	of the fis	cal year. The certific	ation of revenues of \$75,000 or
Personally came and appeared before the under denter officer name), who, duly sworn, deposes airly the financial position of (entity's year accordance with the basis of accounting describe	and says ge of r-end), and	that the financial state Tamestown I the results of operat	ements herewith given present(enter entity name) as of ions for the year then ended, in
n addition, James 6. Wishis, Mayor Village of James fown (entersources for the year ended <u>December 31st, 20</u> the previously mentioned year.	, (officity name)	er name), who, duly received \$75,000 o and accordingly, is n	sworn, deposes and says that r less in revenues and other ot required to have an audit for
James	19.W	foor's Signature	
Sworn to and subscribed before me this <u>23rd</u> da	ay of M	ARC4 , 20 70	
Justice of the Peace Ryanie O. Evans Ward 4 JP-07-4 Bienville Parish, LA	O . C	Name ATURE & SEAL	
For Office Use Only			omplete This Section
Under provisions of state law, this report will become a public document on 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 Bato Rouge office of the Louisiana Legislative Auditor and, where appropriate, a office of the parish clerk of court. Release Date	0	Officer's Title Address City, Zip Ph: Cell/Land	

Affidavit and Revenue Certification

Village of Jamestown (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 2019 (Year-End)

	General	Other	
	Fund	Fund	Total
RECEIPTS (Provide Brief Description):	ي.	7	
10ccupational License	\$ 7316.66	<u> </u>	\$
2 Frenchise TAX	3103.95		
3. Kent-Fire pistrict	1200.00		
A. Rent - lown Hall	100.00		
5. 6. Total receipts (add lines 1 - 5)	\$1.720.6/	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7. Salary	\$ 1,800.00	5	\$
8. per piem	2,960.00		
9. Utilities	2802.03		
11. Reimburge Ment	472-86		
12. Office Supply Maintenance / Sundries	2,087.44		···
13. Total Disbursements (add lines 7 - 12)	\$12,608.81	6	\$
		_	
14. Change in fund balance (Lines 6 minus 13)	\$ - 888.20	<u> </u>	_ \$
15. Fund Balance at beginning of year	\$10448,84	<u> </u>	
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 9,560.64	\$	\$

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

VILL	Lage	of	Jamestown	(Agency
Name)				

Balance Sheet, on 12 - 31 - 2019 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 25,000,90	B	\$
2. Investments (fair value) on hand	<u> </u>		
3. Office furnishings (Cost of desks, etc)	-0-		
4. Equipment (Cost of fax machine, etc)	-0-		
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$25,000,90,	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):		.	•
8.	\$ -0 - 9	>	_ \$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	*0-		
12. Fund balance (amount from Line 16 on Statement A)	9560.64		
13. Other - Passbook Savings	15,440,26		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 25,000.90	\$	\$

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Vihha	20 OF	Jamestown	(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 2019 (Year-End)

Agency Head Name and Title: James Wiggins Mayor

Purpose	Dollar Amount
1. Salary	1. 1,300.00
2. Benefits-insurance	220
3. Benefits-retirement	3
4. Benefits-other (describe)	4
5. Benefits-other (describe)	5
6. Benefits-other (describe)	6
7. Car allowance	70-
8. Vehicle provided by government (if reported on your W-2)	80
9. Per diem	9. 480.00
10. Reimbursements	10. 472.86
11. Travel	110-
12. Registration fees	12. —0-
13. Conference travel	13. —ô-
14. Housing	14. —0-
15. Unvouchered expenses (example: travel advances, etc.)	150-
16. Special meals	16. —0—
17. Other	170-
18. TOTAL (enter total of line 1-17)	18. 2,252.86

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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