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LEGISLATIVE AUDITOR
2018 MAR 22 AM 9:56

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Affidavit and Revenue Certification

Lafourche Parish Fire Protection District 8-B ENTITY NAME

Lafourche Parish Thibodaux 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, Cheryl Hebert (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Secretary/Treasurer (enter entity name) as of December, 2017 (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, Cheryl Hebert, who duly sworn, deposes and says that Lafourche Parish Fire Dist. 8-B (entity name) received \$75,000 or less in revenues and other sources for the year ended December 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Cheryl Hebert
Officer's Signature

Sworn to and subscribed before me this 28 day of February, 2018.

[Signature]
NOTARY PUBLIC SIGNATURE & SEAL
34625

For Office Use Only
<small>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.</small>
Release Date APR 11 2018
Please Complete This Section

Officer's Name Cheryl Hebert
Officer's Title Secretary/Treasurer
Address 2267 Choctaw
City, Thibodaux, LA 70301
Ph: Cell/Land 985-633-7865
E-mail grannyfoo123@gmail.com

Commented [P1]:

Lafourche Protection 8-B
(Agency Name)

**Statement of Cash Receipts and Disbursements
For the Year Ended December
2017**
(Year-End)

	II		
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Insurance Rebate			5309.09
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$		5309.09
DISBURSEMENTS (Provide Brief Description):			
7. Sunbelt Fire-Pump Test	\$	\$	\$490.00
8. Sunbelt Fire-Repairs			1326.96
9. Sunbelt Fire-Repair Water Leak			672.33
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$	\$	2489.29
14. Change in fund balance (Lines 6 minus 13)	\$		2819.80

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

15. Fund Balance at beginning of year	\$	2048.60
16. Fund balance (deficit) at end of year (Add lines --This amount also goes on line 12, Statement B	\$	4868.40

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

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Statement B

Page 4

Lafourche Parish Fire District 8-B (Agency Name)

Balance Sheet, on _____
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ _____	\$ _____	4868.40
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>\$ _____</u>	<u>\$ _____</u>	<u>4868.40</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. _____	\$ _____	\$ _____	\$ _____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. Total Liabilities (add lines 7 - 10)	_____	_____	_____
12. Fund balance (amount from Line 16 on Statement A)	_____	_____	4868.40
13. Other	_____	_____	_____
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>

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Lafourche Parish Protection District 8-B
(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 December 2017 (Year-End)

Agency Head Name and Title: LeRoy Cortez

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.)

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