

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 12/3:/20

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

Dear Ms. Fransen:

Sincerely,

Officer's Signature

Officer's Name, Title

<u>Enclosures</u>

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

Affidavit and Revenue Certification

	engranted-on Anthonorts ENTITY NAME
Dest Between	_ Rusas Parish
Port Allen	Parish (City), State
-	
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS	
	by Louisiana Revised Statute 24:514 to be filed with the he fiscal year. The certification of revenues of \$75,000 or Statute 24:513(J)(1)(c)(i)(aa).
fairly the financial position of west Beter Power	says that the financial statements herewith given present (enter entity name) as of), and the results of operations for the year then ended, in
(Complete if applicable) In addition, Sources for the year ended 12/2/20 the previously mentioned year.	(officer name), who, duly sworn, deposes and says that ame) received \$75,000 or less in revenues and other, and accordingly, is not required to have an audit for
Sworn to and subscribed before me this 30 day of	Officer's Signature
NOTARY PUBLIC S	Men # 147400 BIGNATURE & SEAL
For Office Use Only	Please Complete This Section
Under provisions of state law, this report will become a public document on the	Officer's Name
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	Officer's Title Address
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the	City, Zip
office of the parish clerk of court.	Ph: Cell/Land
	F-mail

Release Date ____08-25-2021_

Wast Bates	Rowe	Trens	per pation	Asithanit
(Agency Name)				

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	1.9		2. %
1. Interest	\$ 2 =	\$	\$ 2
2.			
3. 4.	-		
5.	4		
6. Total receipts (add lines 1 - 5)	\$ 262	\$	\$ 252
DISBURSEMENTS (Provide Brief Description):			
7.	\$	- \$	\$
8.			
9.			
10.	-		
11.		-	
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 0	\$	\$ 25
14. Change in fund balance (Lines 6 minus 13)	\$ 260	\$	\$ 2 5
15. Fund Balance at beginning of year	\$ 5.2.37 14	\$	\$523717
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$523976	\$	\$5,23;76

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Register Report - Last year 1/1/2020 through 12/31/2020

6/30/2021

Date	Account	Num	Description	Memo	Category	Tag	Clr	Amount
BALANCE 12/31	/2019							5,237.14
1/31/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.22
2/29/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.21
3/31/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.22
4/30/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.21
5/31/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.23
6/30/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.21
7/31/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.23
8/31/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.22
9/30/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.21
10/31/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.23
11/30/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.21
12/31/2020	TRANSPO	EFT	INTEREST		INTEREST		R	0.22
1/1/2020 - 12/3	31/2020							2.62
BALANCE 12/31	/2020							5,239.76
					TOTAL IN	FLOW	S	2.62
					TOTAL O	JTFLO	ws	0.00
					NET TOTA	\L		2.62

Wist Buter	- Rouse	Transportation	A. A. Anorely
(Agency Name)		Trango - Latin	
		. <i>I</i>	

Balance Sheet, on 12/3: /25 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			نروب.
Cash and cash equivalents on hand	\$5.239	\$	\$5.231
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)	\$ 5. 239 75	\$	\$ 5.229
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)	523976	3	5 23974
13. Other			-
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$5739 16	\$	\$ 5.23975

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West Baton Rouge Transportation Anthony (Agency Name	100-27	Bato -	Roma	Transportation	Athony	_ (Agency Name
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Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

	9		
For the Year Ended	12-131	120	_(Year-End)

Agency Head Name and Title: Kiley Berthelot 5-

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.)