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, 2021 (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 2021, and accordingly, is not required to have an audit for the previously mentioned year.

Chery Lobor D
Officer's Signature

Sworn to and subscribed before me this Thyday of Jehrwy, 2022

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 03-16-2022

Please Complete This Section

Officer's Name Cheryl Hebert
Officer's Title Secretary/Treasurer

Address 2267 Choctaw Rd.

City, Thibodaux,LA 70301 Ph: Cell/Land 985-633-7865 E-mail grannyfoo123@gmail.com Lafourche Parish Fire Protection Dist.8-B (Entity Name)

Thibodaux Lafourche Parish LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date)February 07, 2022

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

Dear Ms. 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 December 2021 (entity's year-end). 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,

Officer's Signature

Cheryl Hebert Officer's Name

Enclosures

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

L	afou	irche	Prote	ection	8-B

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended December

2021_

(Year-End)

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		General Fund	Other Fund	Total
ECEI	PTS (Provide Brief Description):			
1.	Insurance Rebate			\$4899.98
2.				
3.				
4.				
5.				
6.	Total receipts (add lines 1 - 5)	\$		\$4899.98
	7. K&M Communications PM Inspections and Repairs 8.	\$		\$2901.00
	9.	-		-
	10.	1	1 2	
	11.			
	12.	-		
	13. Total Disbursements (add lines 7 - 12)	\$	\$	\$2901.00
14. Cha	ange in fund balance (Lines 6 minus 13)	\$		\$1998.98
	15. Fund Balance at beginning of year	\$		\$7884.46
	16.Fund balance (deficit) at end of year (Add lines	-1		
		\$		\$9883.44

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

Lafourche Parish Fire District 8-B (Agency Name)

Balance Sheet, on 2021_	
(Year-End)	

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$	_ \$	\$9883.44
2. Investments (fair value) on hand			
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$	\$	\$9883.44
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) 13. Other			\$9883.44
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

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

Lafourche	Parish	Protection	District	8-B
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(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 Deember 2 0 2 (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.