KAPLAN CITY Marshal (Entity Name) KAPlan, Vumilion, Louisiang (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 9-30-30 20

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 \text{Light-10:20 (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

Officer's Name

Enclosures

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

Affidavit and Revenue Certification

ENTITY NAME

KAPLAN CITY MARSHAL

appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the

Release Date 10/14/2020

office of the parish clerk of court.

VERMILION	Parish
KAPLANZU	(City), State
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if	applicable)
The annual sworn financial statements are required by Legislative Auditor within 90 days after the close of the filess, if applicable, is required by Louisiana Revised Statu	iscal year. The certification of revenues of \$75,000 or
Personally came and appeared before the undersigned (enter officer name), who, duly sworn, deposes and say fairly the financial position of LARAN CITY (entity's year-end), as accordance with the basis of accounting described within	s that the financial statements herewith given present MASSIGN (enter entity name) as of nd the results of operations for the year then ended, in
(Complete if applicable) In addition, Ruby Thibeaux, (off KAPUAIN CITY MAISHAI (entity name sources for the year ended June 30, 20 30 the previously mentioned year.	e) received \$75,000 or less in revenues and other
Sworn to and subscribed before me this 30 day of Se	Officer's Signature dember, 2020
NOTARY PUBLIC SIGN	Le Dobit NATURE & 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	Officer's Title
appropriate public officials and be available for public inspection at the Baton	Address

City, Zip

Ph: Cell/Land E-mail KARLAN City MAYShal OFFICE

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. 2. 3. 4.	\$35643.00	\$ 5132.86	\$35 643.00 5133.88
5.6. Total receipts (add lines 1 - 5)	\$35(43.00	\$5132.88	\$40775.88
DISBURSEMENTS (Provide Brief Description): 7. 8. 9. 10.	\$14668-65	\$ 71723.45 O	\$14668.65 7,122,45
11. 12. 13. Total Disbursements (add lines 7 - 12)	\$14 668 65	\$ 1 122,45	\$ 21791.10
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year 16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 20 9 74.35 \$40 716,32 \$6 16 9 0 67	\$-1587,77	\$ 18 98 4.78 \$ 3 9 378.55 \$ 58,113.33

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

Kaplan City Marshal (Agency Name)

Balance Sheet, on June 30, 20 20 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand 2. Investments (fair value) on hand 3. Office furnishings (Cost of desks, etc)	\$61,690,67	\$-3517 :34	\$ 58,113.33
4. Equipment (Cost of fax machine, etc)5. Other (brief description)6. Total Assets (add lines 1 - 5)	\$41.690.67	\$-3577.34	\$ 58 <u>, 1113</u> 3
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			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$61.490.67	\$-3577.34	\$ 58 1113-33

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

KAPLAN CITY MARSHAI	(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)

For the Year Ended JUNE 70 - 2020 (Year-End)

Agency Head Name and Title: Ruly Th. beaux - marshal

Purpose	Dollar Amount
1. Salary	16-
2. Benefits-insurance	20-
3. Benefits-retirement	30.
4. Benefits-other (describe)	40-
5. Benefits-other (describe)	5 @ ~
6. Benefits-other (describe)	60-
7. Car allowance	70-
8. Vehicle provided by government (if reported on your W-2)	80
9. Per diem	90 -
10. Reimbursements	100 .
11. Travel	110 .
12. Registration fees	12O ·
13. Conference travel	130 ·
14. Housing	14. 00
15. Unvouchered expenses (example: travel advances, etc.)	15
16. Special meals	16 0 -
17. Other	170-
18. TOTAL (enter total of line 1-17)	180 .

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.)