Madison Parish Fire Protection DIST(Entity Name)

TALLULAH MADISON COUISIANA (City, Parish/State)

LEGISLATIVE AUDITOR

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) March 11, 2021

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

Dear Ms. Fransen:

Sincerely,

Officer's Signature

Suzanne F Harvey Treasurer
Officer's Name, Title

Enclosures

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

Affidavit and Revenue Certification

MADISON PARISH FIRE PROTECTION DISTRICT - AFTON (7100- FP) ENTITY NAME

	Parish
TALLULAH	LA (City), State
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS	(if applicable)
	by Louisiana Revised Statute 24:514 to be filed with the see fiscal year. The certification of revenues of \$75,000 or satute 24:513(J)(1)(c)(i)(aa).
fairly the financial position of magison farish Fire Pro	says that the financial statements herewith given present tection District: AFTON (TIME!) (enter entity name) as of and the results of operations for the year then ended, in
Masson Parish Rive Protection Dispect- Attum 7100 (entity na	(officer name), who, duly sworn, deposes and says that me) received \$75,000 or less in revenues and other and accordingly, is not required to have an audit for
Suzanne	Officer's Signature
Sworn to and subscribed before me this // day of	march 2021
Tim W.	IGNATURE & SEAL COM EXP 01-26
5 - 0% - H- O-h	Diseas Complete This Section
For Office Use Only Under provisions of state law, this report will become a public document on the	Officer's Name Suzanne F Harvey
Monday following the release date. A copy of the report will be submitted to	Officer's Title Treasurer
appropriate public officials and be available for public inspection at the Baton	Address 161 Sharkey Road
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.	City, Zip 1011110h, LA 71282 Ph: CellLand (313) 341-2592
Release Date 03-31-2021	E-mail zanne tallulaha yahov. com

Release Date 03-31-2021

MADISON PARISH FIRE PROTECTION DISTRICT - AFTON (7100-7P)
(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended December 31,2020 (Year-End)

		General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. madison Parish Police Jury	\$	60446.40	\$	\$
2. fees 3.	_	250.00		
4.	_	,		
5. 6. Total receipts (add lines 1 - 5)	\$	60 696.40	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. Vehicle expense. frue. / truck payment	2	12495 00	•	\$
8. Repairs/maintchange-welledo hydrant install	<u> </u>	20386.46		<u> </u>
9. Supplies - includes new hydrant purchase. 10. UTILITIES		1614.94		
11. Office/bank/election expense 12. Insurance (MPPJ)		930.98		
13. Total Disbursements (add lines 7 - 12)	\$	48 801.40	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$	11895.00		\$
15. Fund Balance at beginning of year16. Fund balance (deficit) at end of year (Add lines 14-15)	\$	16529.05		\$
This amount also goes on line 12, Statement B	\$	28424.05	\$	\$

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MADISON PARISH FIRE PROTECTION DISTRICT - AFTON (7100 FP) (Agency Name)

Balance Sheet, on <u>December 31, 2020</u> (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:	C 201011 5	•	•
Cash and cash equivalents on hand	\$ 28424.05	D	_ \$
Investments (fair value) on hand			
Office furnishings (Cost of desks, etc)	353200.00		
Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$ 382 224.05	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8. LOAN - CROSS KEYS Bank - truck purchase	\$ 34 640, 45	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$ 34640.45		
12. Fund balance (amount from Line 16 on Statement A)	28 424.05		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 63064.50	\$	\$

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Madison Parish Fire Protection District - APTON (7100 FP) (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 <u>December 31, 2020</u> (Year-End)

Agency Head Name and Title: MIKE ROME PRESIDENT

Purpose	Dollar Amount	
1. Salary	1.	
2. Benefits-insurance	2.	
3. Benefits-retirement	3.	
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.)