Sworn Financial Statements and Certification of Revenues \$75,000 or Less
RECE
Entity Name: North Union Fire Projection District MAR 17 2021 Address: 1760 Hwy 549, MARION, LA MID 60 LEGISLATIVE AUDITOR Telephone: 318-368-8619 Email: wicks 48@ yahoo, com
Address: 1760 Hwy 549, MARION, LA MIAGO LEGISLATIVE AV
Telephone: 318-368-8619 Email: wicks 48@ yahoo, com - AUDITOR
This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov , faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.
AFFIDAVIT
Personally came and appeared before the undersigned authority, James F. Wicker (officer's
name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all
material respects, the financial position of North Union Fire Prot. District (entity's name) as
of Dec, 31, 2020 (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; that the
entity has maintained a system of internal control structure sufficient to safeguard assets and comply with
laws and regulations; and that the entity has complied with all laws and regulations, except as
follows:
10110 W3
Complete if Applicable: In addition, James F. Wicker (officer's name), who duly sworn,
deposes, and says that North Urion Fire Prot. Dist. (entity's name) received \$75,000 or less
in revenues and other sources for the year ended <u>Dec. 31,2020</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.
is not required to have an addit for the previously mentioned fiscal year.
OFFICER'S SIGNATURE President OFFICER'S TITLE
Sworn to and subscribed before me, this 5th day of March , 20 21.
Adi Cubarles
NOTARY PUBLIC SIGNATURE & SEAL DODI L. EUBANKE STATE OF LOUISIANA
Harrish in Parish in #41728 My Commission Expires at Death

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Statement of Receipts and Disbursements

Statement A

	General Other Fund	Total
RECEIPTS (Provide Brief Description): 1. TAXES 2. 3.	\$ 39,736.	\$39,736, 50
3. 4. 5.	-	
6. Total receipts (add lines 1 - 5)	\$39,736.51\$	\$ 39,736,52
DISBURSEMENTS (Provide Brief Description): 7. INSURANCE 8. Priese! 9. Marino 10. Repairs Purchases 11. 1/4/ 1/4/els 12. Add car room to Fire Station 13. Total Disbursements (add lines 7 - 12)	\$10,714.12 \$ 300,76 10,75.00 5,641.98 4,727.63 29,454.00 \$52,115,49\$	\$ 10,714, 12 302.76 1,275,00 5,641,98 4,727.63 29,454,00 \$52,115,49
 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 	\$-12,378.9 7 \$ \$ 90, 867.47 \$ \$ 78,488. 56 \$	\$712,378 97 \$90,867,47 \$78,488,50

Identify the Basis of Accounting, if not usi	ng Cash-Basis:		
ideliary are basis of Accounting, it not as	ing Judin Dudio.		

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

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Balance Sheet			Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$ 78,488.50 \$		\$ 78,48 50
2. Investments (fair value)			
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)	\$ (,+63 50\$		\$ 72, -68 \$ 8
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	<u>\$</u> - \$		\$
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0	0	0
12. Fund balance (amount from Line 16 on Statement A)	78,488.50		18,488,50
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 72,488.585		\$ 70, 180, \$0

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: James F. Wicker, Prosident

Purpose	Dollar Amount
1. Salary	1. —
2. Benefits-insurance	2.
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. —

 $\underline{\hspace{0.5cm}}$ 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.)