

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 930 2018

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 Ounce 30, 2011 (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,

Ruby Thibeaux Officer's Signature

Pusy thibeaux Marshal Officer's Name, Title

Enclosures

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

## **Affidavit and Revenue Certification**

KAPlan City Marshal Vermille Kaplan, L	Office  on Parish  (City), State	ENTITY NAME
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS		
The annual sworn financial statements are required Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised S	he fiscal year. The cert	tification of revenues of \$75,000 or
	says that the financial s Marshall), and the results of ope	(enter entity name) as of erations for the year then ended, in
Kuplan City Marshal (entity na	ame) received \$75,000	uly sworn, deposes and says that  or less in revenues and other is not required to have an audit for
Rubyl	Officer's Signature	
Sworn to and subscribed before me this <u>30</u> day of _	June , 20 18	
NOTARY PUBLIC S	SIGNATURE & SEAL	LORI DOMINGUE Notary Public ID #60073 Vermilion Parish Louisiana My Commission is For Life
For Office Use Only	Please	Complete This Section
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	Officer's Name Officer's Title Address	

Release Date \_\_\_\_\_\_10/20/2021 \_\_\_\_\_ E-mail \_\_\_\_\_

City, Zip

Ph: Cell/Land

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.

Kaplan City Marshal Offict (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended June 30, 2018
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. City, State, Civil, Evictions 2. Garnishment	\$ 33 336.4		\$ 33, 336.97
2. Garnishment 3. Seyzure	· = • • · · ·	14,119,96	14 200:00
4.	-	14.100.00	1 10000
5.		A NAME	
6. Total receipts (add lines 1 - 5)	\$33 334.97	\$25819.96	\$ 59 156.93
DISBURSEMENTS (Provide Brief Description): 7. Genera	\$ 22 042.56	\$	\$ 22.942.56
8. Garnishment		12830.57	12830.57
9. Seizure		14966.5	0 14966.50
10. 11.		(*************************************	
12.		4 <del></del>	
13. Total Disbursements (add lines 7 - 12)	\$22942.54	\$37 197.0	7\$ 50 139.43
14. Change in fund balance (Lines 6 minus 13)	\$10 394.41	\$-1977.11	\$ 8417.30
15. Fund Balance at beginning of year	\$9347.56	\$1491.82	\$ 10839.38
<ul><li>16. Fund balance (deficit) at end of year (Add lines 14-15)</li><li>This amount also goes on line 12, Statement B</li></ul>	\$ 19,741.97	\$ -485.29	\$ 19256.68

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Kaplan	City	Marc	hal	
(Agency Name)				
Balance Sheet,	on Jun	e 30,	2018	

	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	\$ 197419	7\$ -485.29	\$ 1925668
<ol> <li>Office furnishings (Cost of desks, etc)</li> <li>Equipment (Cost of fax machine, etc)</li> </ol>		-	
<ul><li>5. Other (brief description)</li><li>6. Total Assets (add lines 1 - 5)</li></ul>	\$19741.97	\$-485,29	\$ 19256-68
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)	\$19741.97	\$ -485.29	\$ 19256.68

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V	aplan	City	Marsha 1	(Agency Name)
				( 3 - 1 - 1

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 30 201 (Year-End)

Agency Head Name and Title: Pusy Thibeaux - marshal

Purpose	Dollar Amount
1. Salary	10-
2. Benefits-insurance	20 -
3. Benefits-retirement	30 -
4. Benefits-other (describe)	46 -
5. Benefits-other (describe)	5. 一〇 -
6. Benefits-other (describe)	60 -
7. Car allowance	70 -
8. Vehicle provided by government (if reported on your W-2)	8. 0 '
9. Per diem	90 -
10. Reimbursements	10 0 .
11. Travel	110 -
12. Registration fees	120 -
13. Conference travel	136 -
14. Housing	140 -
15. Unvouchered expenses (example: travel advances, etc.)	150 -
16. Special meals	160 -
17. Other	17
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.)