Sworn Financial Statements and Certification of Revenues \$75,000 or Less

| Entity Name: Maurice Volunteer Fire Department (MVF |
|--|
| Address: 410 Chief Fred H. Ave Mourice, La 70555 |
| Telephone: 337-893-3112 Email: Mayrice Vtd. + reasurer@out |
| 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, Corey Hebert |
| (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 MVFD |
| (entity's name) as of <u>Dec 31</u> , <u>JO</u> (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: |
| Complete if Applicable: In addition, Losey Hebert (officer's name), who duly sworn, deposes, and says that MVFD (entity's name) received \$75,000 or less in revenues and other sources for the year ended Dec. 31,301 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year. |
| OFFICER'S SIGNATURE Treusure OFFICER'S TITLE |
| Sworn to and subscribed before me, this 19th day of March , 2022 |
| JOHAR PUBLIC SIGNATURE & SEAL 5 3 88 T |

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Statement of Receipts and Disbursements Statement A General Other Fund Fund Total **RECEIPTS (Proyide Brief Description):** 1.2021 2% File Insurance Tax - UP Blice July \$25,044.65\$ 2. 3. 4. 5. 6. Total receipts (add lines 1 - 5) **DISBURSEMENTS (Provide Brief Description):** 7. Fire Fighting Equipment Purchuses 9. 10. 11. 12. 13. Total Disbursements (add lines 7 - 12) 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

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.

Identify the Basis of Accounting, if not using Cash-Basis:

| Balance Sheet | | | Statement B |
|--|---------------------|---------------|---------------------|
| | General Fund | Other Fund | Total |
| ASSETS (balances at year-end) 1. Cash and cash equivalents 2. Investments (fair value) | \$ <i>35,006.93</i> | \$ | \$ <i>35,006.93</i> |
| Office furnishings (Cost of desks, etc) Equipment (Cost of fax machine, etc) Other (brief description) Total Assets (add lines 1 - 5) | \$35,006.93 | \$ | \$ <i>25.006.93</i> |
| LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description): | \$ | \$ | \$ |
| 8. 9. 10. | | | |
| 11. Total Liabilities (add lines 7 - 10) 12. Fund balance (amount from Line 16 on Statement A) 13. Other | \$5,006.93 | <u> </u> | 25,006.93 |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$75,006.93 | Φ | Pd7.000:73 |

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Cosey Hebert Treasurer

| 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. | |

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.)