V. Hage of Martin (Entity Name)
Cousha Ha, Red River, Jouisiana (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 12-16-2020

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

Dear Ms. Fransen:

Sincerely,

Officer's Signature

Officer's Name

Enclosures

Affidavit and Revenue Certification

Village of Martin ENTITY NAME
Red River Parish
Coustysta LA (City), State
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)
The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).
Personally came and appeared before the undersigned authority, Brand Manghan (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Carlo (enter entity name) as of 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.
(Complete if applicable) In addition, Orenac Mangham, (officer name), who, duly sworn, deposes and says that Villac of Martin (entity name) received \$75.000 or less in revenues and other sources for the year ended 6-30-2017, and accordingly, is not required to have an audit for the previously mentioned year.
Officer's Signature Sworn to and subscribed before me this 16 day of 100 pmber 202°
NOTARY PUBLIC SIGNATURE & SEAL
For Office Use Only Under provisions of state law, this report will become a public document on the Microbay 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 Rouge office of the Laulstans Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date
Please Complete This Section
Officer's Name
Officer's Title
Address City, Zip
Ph: Cell/Land
E-mail

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

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Entity Name:	Fiscal	Year End:	α	U	1	

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. United Heritage 2. AFP Franchise Tax 3. Rental & Traffic Fines 4. En cana 5. CDSC, Interest 6. Total receipts (add lines 1-5)	\$ 10.00 10,000 12,000 41.71	\$	\$ 10 10,000 12,000 1.00 41.71 \$ 22()52 9+
DISBURSEMENTS (Provide Brief Description):	\$	\$	\$ 41.00
9. Salaries 10. Main 11. Police Dept.			3120 3240 4280
12. 7m 15 C. 13. Total Disbursements (add lines 7 - 12)	\$	\$ 0	2338, <u>\$ 19,456</u> \$ 2597
 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 	\$ \$	\$ \$ \$	\$ 800. \$ 800. \$ 3355,
2	<u> </u>		 ,

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:

Sworn Financial	Statements	and	Certification	of R	Revenues	\$75	,000	or Le	ess
Entity Name: _				1	Fiscal Year	End:_	2	017	1

Balance Sheet		<u>s</u>	tatement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end) 1. Cash and cash equivalents 2. Investments (fair value) 3. Office furnishings (Cost of desks, etc)	\$ 33 5 5	\$	\$
4. Equipment (Cost of fax machine, etc) 5. Other (brief description) 6. Total Assets (add lines 1 - 5)	\$ 3355	\$ <i>5</i> 634.	<u>\$89'89</u>
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 14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 3355	\$ 5634	\$ 8989
Daving account Balance \$ 5634.27 Int Recu	as of		
	11019		anton

Statement C			
Page 5			
Village	of	Martin	(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 6-30-2017 (Year-End)

Agency Head Name and Title: Cody Hillman

Purpose	Dollar Amount
1. Salary	11.
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.)