

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

Entity Name: VERNON PARISH FINS

Address: VERNON PARISH

Telephone: 337-397-3467 Email: finsdirector@yahoo.com

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, BETTY STOKES (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 VERNON PARISH FINS(entity's name) as of 6/30/2021 (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, BETTY STOKES (officer's name), who duly sworn, deposes, and says that VERNON PARISH FINS(entity's name) received \$75,000 or less in revenues and other sources for the year ended 6/30/2021 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Betty Stokes
OFFICER'S SIGNATURE

DIRECTOR
OFFICER'S TITLE

Sworn to and subscribed before me, this 30th day of September, 2021

Nicole Shelton Ybarra
NOTARY PUBLIC SIGNATURE & SEAL



NICOLE SHELTON YBARRA
NOTARY PUBLIC NO. 065902
STATE OF LOUISIANA
PARISH OF VERNON
My Commission is for Life

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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1.STATE FINS GRANT FUNDING	\$ 23974	\$	\$ 23974
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 23974</u>	<u>\$</u>	<u>\$ 23974</u>
DISBURSEMENTS (Provide Brief Description):			
7.ACCOUNTING	\$ 550	\$	\$ 550
8.TELEPHONE	1897		1897
9.CONTRACT LABOR	20070		20070
10.MEETING, CONFERENCE	35		35
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26. Total Disbursements (add lines 7 - 26)	<u>\$ 22552</u>	<u>\$</u>	<u>\$ 22552</u>
27. Change in fund balance (Lines 6 minus 26)	\$ 1422	\$	\$ 1422
28. Fund Balance at beginning of year	\$ 9311	\$	\$ 9311
29. Fund balance (deficit) at end of year (Add lines 28-29) --This amount also goes on line 12, Statement B	\$ 10733	\$	\$ 10733

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

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

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 10734	\$	\$ 10734
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)	<u>\$ 10734</u>	<u>\$</u>	<u>\$ 10734</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 29 on Statement A)	10734		10734
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 10734</u>	<u>\$</u>	<u>\$ 10734</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: BETTY STOKES, DIRECTOR

Purpose	Dollar Amount
1. Salary	1. 16500
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. 16500

_____ 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.)