Entity Name:Clinton Volunteer Fire Department
Address:Post Office Box 459, Clinton, LA 70722
Telephone: _225-244-0515 Email:clintonfire@bellsouth.net
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, _Douglas Beauchamp, Jr
(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 _Clinton Volunteer Fire Department
(entity's name) as of _June 30, 2022 (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, _Douglas Beauchamp, Jr
Sworn to and subscribed before me, this 30th day of August, 2022
NOTARY PUBLIC STORES AND SHAPE BEAL Notary Public State of Louisiana East Feliciana Parish Notary ID # 55417 My Commission is for Life Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 01/22

Entity	Name:	Clinton	Volunteer	Fire De	epartment	Fiscal	Year	End:	June 30.	2022

Statement of Receipts and Disbursements

Statement A

	General Fund		Other Fund		Total
RECEIPTS (Provide Brief Description):					
1.Donations	\$	350.00	\$	\$	350.00
2.Rental Space		1500.00			1500.00
3.Town of Clinton Allotment		2100.00	,		2100.00
4.					
5.					
6. Total receipts (add lines 1 - 5)	\$	3950.00	\$	\$	3950.00
DISBURSEMENTS (Provide Brief Description): 7.Dues 8.Supplies; Meals for meetings 9.	\$	290.00 1917.61	\$	\$	290.00 1917.61
10.					
11.					
12.	-)
13. Total Disbursements (add lines 7 - 12)	\$	2207.61	\$	\$	2207.61
14. Change in fund balance (Lines 6 minus 13)	\$	1742.39	\$	\$	1742.39
15. Fund Balance at beginning of year	\$	7640.03	\$	\$	7640.03
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	9382.42	Φ.	Φ.	9382.42

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.

Entity Name: _Clinton Volunteer Fire Department____ Fiscal Year End:__June 30, 2022___

Balance Sheet				State	ement B
	 General Fund		Other Fund		Total
ASSETS (balances at year-end)					
1. Cash and cash equivalents	\$ 9382.42	\$		\$	9382.42
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)	\$ 9382.42	\$		\$	9382.42
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)	9382.42				9382.42
13. Other					
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 9382.42	\$		\$	9382.42

Entity 1	Name:	Clinton 7	Volunteer	Fire De	partment	Fiscal '	Year	End:	June 30.	2022	

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title:__Douglas Beauchamp, Jr., Fire Chief_____

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.

__ $\sqrt{}$ 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.)