Teland, Voluntees	Fire Dept.	(Entity Name)
Sicily) Island -	ರೆಎ	_(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3-19-21

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

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

Seland. Voluntor Fire Dept. Calabrula Paris Licily Poland, Sa (City). State **ENTITY NAME**

Affidavit and Revenue Certification

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are required by Louisiana Rev	vised Statute 24:514 to be filed with the
Legislative Auditor within 90 days after the close of the fiscal year. Th	ne certification of revenues of \$75,000 or
less if applicable, is required by Louisiana Revised Statute 24:513(J)(1	1)(c)(i)(aa).
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_	

Personally came and appeared	before the undersigned authority,	JW Posey
(enter officer name), who, duly s	sworn, deposes and says that the	financial statements herewith given present
fairly the financial position of _	Leland Volunterer Hira	(//c <i>p/トントトッッ to t</i> (enter entity name) as of
2020	(entity's year-end), and the res	ults of operations for the year then ended, in
accordance with the basis of acc	ounting described within the accor	mpanying financial statements.

(Complete if applicable)	
	cer name), who, duly sworn, deposes and says that
Leland Volunteer Fire Death (entity name)	received \$75,000 or less in revenues and other
sources for the year ended 2020	, and accordingly, is not required to have an audit for
the previously mentioned year.	•

Sworn to and subscribed before me this / Hach

NOTARY PUBLIC SIGNATURE & SEAL

0.100	Wade M. Thompson
[KanaA]	NOTARY PUBLIC # 51210
(八字語):)	STATE OF LOUISIANA
2 102.0	My Commission Expires with Life.
ı	

For Office Use Only 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 Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

> 05-05-2021 Release Date

Please Complete This Section
Officer's Name
Officer's Title
Address
City, Zip
Ph: Cell/Land
E-mail

04/27/2021 09:54 2252314192

Statement A

Page 3

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended 12-31-2020

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Cotokorela Police Sun	\$ 5030.80	\$	<u>\$</u>
2. Seland Water	7261.94	p-p	
3. ST Bank Anterest	320. 93		
<u>4.</u>			
6. Total receipts (add lines 1 - 5)	\$12,613-67	\$	\$
DISBURSEMENTS (Provide Brief Description):		_	_
7. Supplier 143.42 lephone 850.00	<u>\$ 943.43</u>	\$	
8. Repairs 631.24 Equip 935.67	1566.91		
9. Chatice 673.46 Flore 1339.05	2012.51		
10. Jul 34446	344.46		
11 Parts 67663 Saba 2710.98	1381.61		1,570,50
12. Sund Ax #2559.00 - Time Ow \$128.00	2686.00		
13. Total Disbursements (add lines 7 - 12)	\$8935.92	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$:3677.75	\$	\$
15. Fund Balance at beginning of year	\$54502.14	<u> </u>	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)	<u> </u>		<u> </u>
This amount also goes on line 12, Statement B	<u>\$58179.89</u>	\$	<u>\$</u>

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

04/27/2021 09:54 2252314192

Statement B Page 4

(Agency Name)

Balance Sheet, on 12-31-21 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$	\$	\$
2. Investments (fair value) on hand			
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)	<u> </u>		
6. Total Assets (add lines 1 - 5)	\$	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):	· •	œ.	c
8.	\$	<u> </u>	<u> </u>
9. 10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A) 13. Other	58179.89		
	Φ	<u> </u>	<u></u>
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

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

04/27/2021 10:20 2252314192

Statement C Page 5

	(Agency	Name)
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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 12-31-2020 (Year-End)

Agency Head Name and Title: Leland Voluntar Tim Dopt JW. Poscy

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
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.)

We are 100% Volunteer Tire Dept.

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