| Entity Name: <u>LELEUX VOLUNTEER FIRE DEPARTMENT</u> |
|---|
| Address: P.O. Box 421, Kaplan, LA 70548 |
| Telephone: 337-207-5193 Email: ricebeltdist@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 <u>ereports@lla.la.gov</u> , 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, <u>Samuel J LeBeouf</u> (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 <u>LeLeux Vol. Fire Department</u> (entity's name) as of <u>Dec. 31, 2024</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, Samuel J LeBeouf (officer's name), who duly sworn, deposes, and says that LeLeux Vol. Fire Department (entity's name) received \$75,000 or less in revenues and other sources for the year ended Dec. 31, 2024 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year. OFFICER'S SIGNATURE Vice-President OFFICER'S TITLE |
| Sworn to and subscribed before me, this 27th day of January, 20 25 **Maddanda Morgan #206299 NOTARY PUBLIC SIGNATURES SEAL |

Statement of Receipts and Disbursements

Statement A

| | General Fund | Other Fund | Total |
|--|-----------------|----------------|---------------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. | \$4147.78 | \$ | \$ |
| 2. | _ | _ | |
| 3. | | _ | |
| 4. | _ | _ | _ |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$4147.78 | \$ | \$ |
| DISBURSEMENTS (Provide Brief Description): 7.700 MHC radio in truck 8. 9. | \$2871.04 | \$ | <u>\$</u> |
| 10. | | | |
| 11. | - | | |
| 12. | | | |
| | | _ | |
| 13. Total Disbursements (add lines 7 - 12) | \$2871.04 | _ \$ | \$ |
| 13. Total Disbursements (add lines 7 - 12) | \$2871.04 | \$ | \$ |
| | \$ | \$ \$ | \$ |
| 13. Total Disbursements (add lines 7 - 12)14. Change in fund balance (Lines 6 minus 13)15. Fund Balance at beginning of year | | \$ \$ \$ | \$ - \$ \$ |

| 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.

| Balance Sheet | | | Statement B |
|--|-----------------|---------------|-------------|
| | General Fund | Other Fund | Total |
| ASSETS (balances at year-end) | | | |
| Cash and cash equivalents Investments (fair value) Office furnishings (Cost of desks, etc) Equipment (Cost of fax machine, etc) Other (brief description) | \$23957.99 | \$ | <u>\$</u> |
| 5. Other (brief description)6. Total Assets (add lines 1 - 5) | \$23957.99 | \$ | _ \$ |
| 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) | \$23957.99 | | |
| 13. Other14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$23957.99 | \$ | \$ |

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: LeLeux Vol. Fire Department- Darrell LeBeouf-President

| 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.)