FORT PIKE VOLUNTLEY FIRE DEFT(Entity Name) NEW DYLLANS, DYLLANS PAYISH, UP (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) Warth 9, 2024

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

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

KOYYA BLOUVILLY Officer's Name, Title

Officer's Name, Titl

Enclosures

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

Affidavit and Revenue Certification

ENTITY NAME

FORT PIKE VOLUNTERY FIVE DEPARTMENT

DUBLING	Parish
New OVIEW	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS	S (if applicable)
The annual swom financial statements are required Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised S	by Louisiana Revised Statute 24:514 to be filed with the the fiscal year. The certification of revenues of \$75,000 or Statute 24:513(J)(1)(c)(i)(aa).
fairly the financial position of FOY+ PIKE VOLUM	says that the financial statements herewith given present the financial statement for
FOUT DIKE VOLUMELLY FIVE DEDT (entity na	(officer name), who, duly sworn, deposes and says that ame) received \$75,000 or less in revenues and other 23, and accordingly, is not required to have an audit for
Kayla 1	Officer's Signature
Sworn to and subscribed before me this day of	MWW, 2024. Marie Bens Louisiana Notary Public # 159677 St. Tammany Parish *Statewide Junisdiction Commissioned for lift
NOTARY PUBLIC SI	IGNATURE & SEAL
For Office Use Only	Please Complete This Section
Under provisions of state law, this report will become a public document on the	Officer's Name KAYIA BEAULIEU
Monday following the release date. A copy of the report will be submitted to	Officer's Title TYPUSURY
appropriate public officials and be available for public inspection at the Baton	Address 4351 TVIPSTP St.

Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the

office of the parish derk of court.

Release Date_

City, Zip___

E-mail

NEW DYIE ANS 70120 LA

Ph: Cell/Land (504) 204 - 1420

(Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended Dlllmbl/ 31, 2023 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	\$400	\$	\$ 400
2. FUNDYAISING 3. DONATIONS 4. City of New OVICANS 5.	\$10,000		\$5000
5. 6. Total receipts (add lines 1 - 5)	\$46,400	\$	\$45,400
DISBURSEMENTS (Provide Brief Description): 7. FUND (aising Expenses 8. Profession at Services (LPA) 9. Repairs & Maintenance (Venices & building)	\$ 9219 6300	\$	\$ 9219
10. Operations (Supplies / telecon / training) 11. Insurance (Byilding & Venicles) 12.	\$14,219	7.4	\$14,219
13. Total Disbursements (add lines 7 - 12)	\$ 33,138	\$	\$ 33,138
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year	\$12,262	\$	\$12,262
 Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B 	\$73,262	\$	\$73,262

FORT PIKE VOLUNTERY FIVE DEPT (Agency Name)

General Fund	Other Fund	Total
\$84,000	\$	\$ 84,000
		the office of
A THE STATE	1 1 1	
635,706	_	1035,706
\$719,704	\$	\$719,704
\$	\$	\$
YELLAND WALLEY	()	10.14
		Swarp C
	M.	148 3
73,262	1	73,262
Market Market		White Contract
\$ 73,242	\$	\$ 73,202
	\$\frac{\$\\$\000}{\$\\$\\000}	Fund Fund \$84,000 \$

FOR PIKO VOLUMERY	Fire	Olpt	(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 2023 (Year-End)

Agency Head Name and Title: FOYT DIKE VOLUNTLEY FIVE DEPT
KRYIN BERULLEY, TYERSUVEY

Purpose	Dollar Amount
1. Salary	1. 0
2. Benefits-insurance	2. 0
Benefits-retirement	3. 0
4. Benefits-other (describe)	4. 0
5. Benefits-other (describe)	5. 0
6. Benefits-other (describe)	6. 0
7. Car allowance	7. 0
8. Vehicle provided by government (if reported on your W-2)	8. 🔾
9. Per diem	9. 0
10. Reimbursements	10. 0
11. Travel	11. 0
12. Registration fees	12. ()
13. Conference travel	13. ()
14. Housing	14. 0
15. Unvouchered expenses (example: travel advances, etc.)	15. 0
16. Special meals	16. 0
17. Other	17. 0
18. TOTAL (enter total of line 1-17)	18. 0

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.)