

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

Entity Name: FORT PIKE VOLUNTEER FIRE DEPARTMENT
Address: 20812 Chef menteur Hwy New Ovicans, UA 70129
Telephone: (504) 200-0420 Email: fpvfd@ utt.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, KUNA BRANIEU (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 FOY+ PIKL VOIMTELY FIVE DOFF (entity's name) as
of (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, KOUN BROWNEU (officer's name), who duly sworn,
deposes, and says that FOV+ PIW VOIUNTERV FILL OFF (entity's name) received \$75,000 or less
in revenues and other sources for the year ended (entity's year-end), and accordingly,
is not required to have an audit for the previously mentioned fiscal year.
KUMA BRUTE TYPUSWEY OFFICER'S SIGNATURE OFFICER'S TITLE
1/ 2/
Sworn to and subscribed before me, this
Sworn to and subscribed before me, this
NOTARY PUBLIC SIGNATURE SANTHAH PERE
MOTARY PUBLIC M60840/81942 STATE OF LOUISIANA
Swom Financial Statement Updated: 08/07/2023

Entity Name: FOV+ PIKE VALUATERY FIVE DEPT Fiscal Year End: 2024 Statement of Receipts and Disbursements Statement A General Other Fund Fund Total RECEIPTS (Provide Brief Description): \$440.00 EMPERSIND DUES 3. 5. 6. Total receipts (add lines 1 - 5) 1642,497 BU2,49-**DISBURSEMENTS (Provide Brief Description):** \$16,520 \$16,520 8. 9. & maintenance (vehicle & wilding) \$13.534 10. (SUPPLIES / + E/ECOM) 11. (vehicles & building) \$15,702 13. Total Disbursements (add lines 7 - 12) 14. Change in fund balance (Lines 6 minus 13)

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.

15. Fund Balance at beginning of year

Fund balance (deficit) at end of year (Add lines 14-15)
 This amount also goes on line 12, Statement B

Entity Name: FOVT PIKE WOUNTERV TIVE DEPT Fiscal Year End: 2024

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end) 1. Cash and cash equivalents 2. Investments (fair value)	\$74,545.04		\$76,545.04
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) 6. Total Assets (add lines 1 - 5)	\$U35,700 \$712,25)		\$112,251
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)	\$87,250		\$87,256
13. Other	_	_	_
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$87,250		\$87,256

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: FOYT PIKE JOYUNTER FITE DEPT. Kayla Beautieu, Treasurer

Purpose	Dollar Amount
1. Salary	-0-
2. Benefits-insurance	-0-
3. Benefits-retirement	-0-
4. Benefits-other (describe)	-0-
5. Benefits-other (describe)	-0-
6. Benefits-other (describe)	-0-
7. Car allowance	- () -
8. Vehicle provided by government (if reported on your W-2)	-0-
9. Per diem	-0-
10. Reimbursements	-0-
11. Travel	-0-
12. Registration fees	-0-
13. Conference travel	-0-
14. Housing	-0-
15. Unvouchered expenses (example: travel advances, etc.)	-0-
16. Special meals	-0-
17. Other	-0-
18. TOTAL (enter total of line 1-17)	\$ 0.00

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.)