Entity Name: FOYT PIXE VOLUNTERY FIVE	Department	
Address: 20812 CALF MENTEUV H	WY NEW DYLEAMS, UA TO	1129
Telephone: (504) 2010 - 1420 Email: 40		
This annual sworn financial statement is required to be fit the end of the entity's fiscal year by sending a pdf copy by 3986, or mailing to Louisiana Legislative Auditor – Loca Rouge, LA 70804-9397.	led with the Legislative Auditor within 90 a email to , faxing to 223	5-339-
AFFIDAV	TT	
Personally came and appeared before the undersigned authorized name), who, duly sworn, deposes and says that the financial material respects, the financial position of tout live as of	results of operations for the year then end the accompanying financial statements; the sufficient to safeguard assets and comply	name) led, in hat the
Complete if Applicable: In addition, KAYIA BLAVII	(officer's name), who duly s	sworn,
deposes, and says that FORT PIPE VOLUNTELY FIVE	Olft (entity's name) received \$75,000	or less
in revenues and other sources for the year ended	(entity's year-end), and accord	lingly,
is not required to have an audit for the previously mention	ned fiscal year.	uo
Kayla Blantien	TVEUSUVEV	159677 Jurisdicti
OFFICER'S SIGNATURE	OFFICER'S TITLE	# 159 le Jui
Sworn to and subscribed before me, thisday of	April , 2023	Marie Betts Notary Public # 159677
Www -	Bei	Mari Notar
NOTARY PUBLIC S	SIGNATURE	sian

Entity Name: FOrt PILL VOIUNTERV FIVE DEPT. Fiscal Year End: 2022

Statement of Receipts and Disbursements

Statement A

	General	Other	Total
	Fund	Fund	Total
DECEIDTS (Dravida Brief Description):			
RECEIPTS (Provide Brief Description):	a 100 00	•	* 100 (V)
1.Membership dues	\$ 100.00	\$ _	\$ (00.00
2. FUNDITALSING	30,000		30,000
3. Transters From surings	11.500		17,500
4. Minations	170.00	_	170,00
5. Lity of New DYLPANS FUND	30,000	_	30,000
6. Total receipts (add lines 1 - 5)	\$ 77,700	\$	\$ 71.700
	111		
DISBURSEMENTS (Provide Brief Description):			
7. FUNDALISTING EXPENSES	\$ 8926	\$ -	\$ 8926
8. PROSESSIONAL SERVICES CLAAL	300	_	300
9. yelding & maintenance (venicues & building)	19708	_	19708
10. Brevations (supplies it elecom (training)	10992	_	10952
11. (nsurance (venicles (wilding)	13821	_	13821
12. WEIN UNIEF TVULK	34343		34363
13. Total Disbursements (add lines 7 - 12)	\$ 84,010	\$ -	\$ 84.070
14. Change in fund balance (Lines 6 minus 13)	\$ (4300)	\$ _	\$ (6,300)
15. Fund Balance at beginning of year	\$710.184	\$ _	\$170 184
16. Fund balance (deficit) at end of year (Add lines 14-15)	110	4	
This amount also goes on line 12, Statement B	\$ 763,884	\$ -	\$743,884

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: FOH PIKE VOLUMTERY FIVE DEPT, Fiscal Year End: 2022

Balance Sheet			Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$ 84,649	\$ -	\$86,649
Investments (fair value)			
Office furnishings (Cost of desks, etc)			
Equipment (Cost of fax machine, etc)	11,529	_	11.529
5. Other (brief description) & U\\div\(0)	035,700	_	635.700
6. Total Assets (add lines 1 - 5)	\$ 733 884	\$	\$ 733,884
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$ _	\$ -	s -
8.	-	_	
9.		_	
10.	-	_	
11. Total Liabilities (add lines 7 - 10)	_	_	_
12. Fund balance (amount from Line 16 on Statement A)	763.884	_	743.884
13. Other	_	_	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$743,884	\$ _	\$763,884

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: FORT PIKE VOLUNTLEY FIRE DEPT

Purpose	Dollar Amount
1. Salary	1 0 -
Benefits-insurance	2. 20)
Benefits-retirement	30-
Benefits-other (describe)	40-
5. Benefits-other (describe)	50-
Benefits-other (describe)	60-
7. Car allowance	70 -
8. Vehicle provided by government (if reported on your W-2)	8 0 -
9. Per diem	9 0 -
10. Reimbursements	10 () -
11. Travel	11 () -
12. Registration fees	12 0
13. Conference travel	13 0-
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.)