10734-20

St. Landry, Evangeline/Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

August 4, 2020

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 June 30, 2020. 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,

Jessica Ortego Officer's Name

Enclosures

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

#### **Affidavit and Revenue Certification**

Lone Pine Fire Protection
Evangeline Parish
St. Landry, Louisiana

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

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

Personally came and appeared before the undersigned authority, Jessica Ortego, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Lone Pine Fire Protection District as of June 30, 2020, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

### (Complete if applicable)

In addition, Jessica Ortego, who, duly sworn, deposes and says that Lone Pine Fire Protection received \$75,000 or less in revenues and other sources for the year ended June 30, 2020, and accordingly, is not required to have an audit for the previously mentioned year.

Officer's Signature

Sworn to and subscribed before me this 4th day of August, 2020.

NOTARY PUBLIC SIGNATURE & SEAL

LISA KAY LEMMONS
NOTARY PUBLIC ID#133246
STATE OF LOUISIANA
RAPIDES PARISH
My Commission Expires At Death.

### 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.

Release Date

09-09-2020

#### Please Complete This Section

Officer's Name Jessica Ortego Officer's Title Chairperson Address 1099 Edmond Road City, Zip St. Landry, 71367 Ph: Cell 318-452-2989

E-mail jessprtegp@gmail.com

# Statement of Cash Receipts and Disbursements For the Year Ended June 30, 2020

	General Fund		Other Fund		Total	
RECEIPTS (Provide Brief Description):						
1.Ad Valorem Tax	\$	52,724	\$		\$	52,724
2.Grant Income		1,448				1,448
3.Insurance Rebate 2%		2,037			<u> </u>	2,037
4.State Revenue Sharing		3,249				3,249
5.Other		240			<u> </u>	240
6. Total receipts (add lines 1 - 5)	\$	59,698	\$		\$	59,698
DISBURSEMENTS (Provide Brief Description): 7.Equipment Purchased 8.Insurance 9.Repairs and Maintenance	\$	3,469 11,753 4,367	<u>\$</u>		<u>\$</u>	3,469 11,753 4,367
10.Lease Expense 11.Firefighter Reimbursements		34,609 2,140				34,609 2,140
12.Other		3,056				3,056
13. Total Disbursements (add lines 7 - 12)	\$	59,394	\$		\$	59,394
<ul> <li>14. Change in fund balance (Lines 6 minus 13)</li> <li>15. Fund Balance at beginning of year</li> <li>16. Fund balance (deficit) at end of year (Add lines 14-15)</li> </ul>	<u>\$</u>	304 95,459			<u>\$</u>	304 95,459
This amount also goes on line 12, Statement B	\$	95,763	\$			95,763

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15. Fund Balance at beginning of year	\$	95,459	\$		\$	95,459
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	95,763	\$		 \$	95,763

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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 June 30, 2020

## Agency Head Name and Title: Jessica Ortego

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. 400
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. 400

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.)

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