

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

Entity Name: City of Alexandria Firemen's Pension

Address: PO Box 71 Alexandria, LA 71301

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*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, David Johnson (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 Firemen's Pension & Relief Fund (entity's name) as of 04-30-21 (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, David Johnson (officer's name), who duly sworn, deposes, and says that Firemen's Pension & Relief Fund (entity's name) received \$75,000 or less in revenues and other sources for the year ended 04-30-21 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

  
OFFICER'S SIGNATURE

Director of Finance  
OFFICER'S TITLE

Sworn to and subscribed before me, this 9th day of June, 2021

  
NOTARY PUBLIC SIGNATURE & SEAL

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Interest Revenue	\$ 197	\$	\$
2.			
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 197</u>	<u>\$</u>	<u>\$</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Pension Benefits	\$ 18,392	\$	\$
8.			
9.			
10.			
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 18,392</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ (18,195)	\$	\$
15. Fund Balance at beginning of year	\$ 88,624	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 70,429	\$	\$

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.*

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## Balance Sheet

## Statement B

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end)			
1. Cash and cash equivalents	\$ 70,429	\$	\$
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	\$ 70,429	\$	\$
 <b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (brief description):	\$ 0	\$	\$
8.			
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	70,429		
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 70,429	\$	\$

