Entity Name: TOKI PIKE VOLUNIZER THE DEPARTMENT					
Address: 26812 CHEF MENTEUR HWY NEW ORLEANS, LA 7					
Address: 26812 CHEF MENTEUR HWY NEW ORLEANS, LA 7 Telephone: 504 427 0774 Email: FPVFD @ ATT. 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, EUSE SWEREN (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 FORT PINE VOUNTER FINE (entity's name) as					
of DECEMBER 31,202 (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: N/A					
Complete if Applicable: In addition, EUSE SNOEREN (officer's name), who duly sworn,					
deposes, and says that FOLT PINE VOUINTER THE DECENTIFY'S name) received \$75,000 or less					
in revenues and other sources for the year ended <u>DECEMBER 31, 2021</u> (entity's year-end), and accordingly,					
is not required to have an audit for the previously mentioned fiscal year.					
OFFICER'S SIGNATURE TREASURER OFFICER'S TITLE					
Sworn to and subscribed before me, this by day of October, 2022					
Jamel Ricca					
NOTARY PUBLIC SIGNATURE & SEAL					

Entity Name: FORT PIKE VOLUNITER FIRE DEPTFISCAL Year End: DECEMBER 31, 2021

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. PUBLIC SUPPORT (CTCY OF NEW UREANS) 2. MEMBERSHI'P DUES 3. DONATIONS 4. FUNDRAISING 5. INTEREST 6. Total receipts (add lines 1 - 5)	1,192 18,972 21,855 10 \$42.029	\$ 30,000	\$ 30,000 1,192 18,972 21,855 10 \$ 72,029
DISBURSEMENTS (Provide Brief Description): 7. FUNDRAISING EXPENSES 8. INSURANCE 9. REPAIRS & MAINTENANCE 10. OPERATING EXPENSES 11. PROFESSIONAL STRVICES 12. DEPRECIATION 13. Total Disbursements (add lines 7 - 12) 14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year 16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$ 15,174 	\$ - 9,223 8,125 3,391 295 \$21,034 \$ 8,966 \$ 0	\$ 15,174 9,223 8',125 3,391 295 20,659 \$ 56,867 \$ 15,162 \$ 656,427 \$ 671,589

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: FORT PIKE VOLUNTER FIKE DEPT Fiscal Year End: DECEMBER 31, 2021

Balance Sheet		<u>s</u>	tatement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)		0 -//	
Cash and cash equivalents	\$ 105, 183	\$ 8 966	\$114,149
2 Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc) + vehicles	1,193		1.193
5. Other (brief description) BuiLDING	556, 247		556, 247
6. Total Assets (add lines 1 - 5)	\$662,623	\$ 8,966	\$671,589
		,	
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)	662,623	8,966	671,589
13. Other		<u>' —</u>	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$662,623	\$ 0,966	\$671,589

Entity Name: FORT PIKE VOLUNTER FIRE DEFFISCAL Year End: DEZEMBER 31,

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: MICHAEL COMISKEY PRESIDENT

Purpose	Dollar Amount
1. Salary	1 0 -
2. Benefits-insurance	2 0 -
3. Benefits-retirement	3 0 -
4. Benefits-other (describe)	4.
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. — 0 —
9. Per diem	9. – 0 –
10. Reimbursements	10. – 0 –
11. Travel	11. – 0 –
12. Registration fees	12 0 -
13. Conference travel	130-
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

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.)