

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

Entity Name: Fire Protection District 2

Address: 631 Woodland St, Montgomery, LA 71454

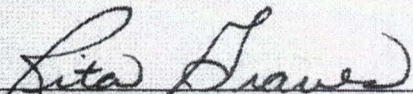
Telephone: 318-471-9522 (Sect) Email: rita101658@bellsouth.net (Sect)

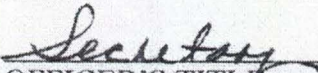
This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

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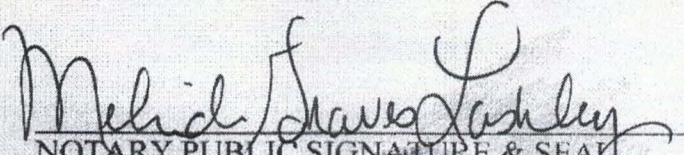

Personally came and appeared before the undersigned authority, Rita Graves, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Fire Protection District 2, as of December 31, 2021 and the results of operations 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: NO Exceptions.

Complete if Applicable: In addition, Rita Graves, who duly sworn, deposes, and says that Fire Protection District 2, received \$75,000 or less in revenues and other sources for the year ended December 31, 2020, and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATURE


OFFICER'S TITLE

Sworn to and subscribed before me, this 21st day of March, 2022


NOTARY PUBLIC SIGNATURE & SEAL
Melinda Graves Lashley
90050


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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Tax Millage	\$ 36,517.25	\$	\$
2. Insurance Rebate	6,657.61		
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 43,174.86	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7. Fuel Supplies & Maintenance	\$ 4,546.90	\$	\$
8. Utilities	599.09		
9. Insurance	6,822.66		
10. Fees/Memberships	150.00		
11. Postage	54.00		
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 12,172.65	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$ 31,002.21	\$	\$
15. Fund Balance at beginning of year	117,120.35	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	148,122.56	\$	\$

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

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 148,122.56	\$	\$
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ 148,122.56</u>	<u>\$</u>	<u>\$</u>
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)	148,122.56		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 148,122.56</u>	<u>\$</u>	<u>\$</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Thomas Harrison, Chairman

Purpose	Dollar Amount
1. Salary	1. NONE
2. Benefits-insurance	2. NONE
3. Benefits-retirement	3. NONE
4. Benefits-other (describe)	4. NONE
5. Benefits-other (describe)	5. NONE
6. Benefits-other (describe)	6. NONE
7. Car allowance	7. NONE
8. Vehicle provided by government (if reported on your W-2)	8. NONE
9. Per diem	9. NONE
10. Reimbursements	10. NONE
11. Travel	11. NONE
12. Registration fees	12. NONE
13. Conference travel	13. NONE
14. Housing	14. NONE
15. Unvouchered expenses (example: travel advances, etc.)	15. NONE
16. Special meals	16. NONE
17. Other	17. NONE
18. TOTAL (enter total of line 1-17)	18. NONE

X 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.)