

Affidavit and Revenue Certification

Fire Protection District 2
Grant Parish
Montgomery, State

**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, Rita Graves, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Fire Protection District 2 as of December 31, 2019, 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, 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, 2019, and accordingly, is not required to have an audit for the previously mentioned year.



Officer's Signature

Sworn to and subscribed before me this 12th day of November, 2021.



NOTARY PUBLIC SIGNATURE & SEAL
Melinda Graves Lashley
90050



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 3/30/2022

Please Complete This Section
Officer's Name Rita Graves
Officer's Title Secretary
Address P.O. Box 250
City, Zip Montgomery, 71454
Ph: Cell/Land 318-471-9522
E-mail rita101658@bellsouth.net

Fire Protection District 2

(Agency Name)

Statement of Cash Receipts and DisbursementsFor the Year Ended December 31, 2019

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Tax Millage	\$37,193.55	\$	\$
2. Insurance Rebate	6,460.57		
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 43,654.12	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7. Utilities	\$ 925.04	\$	\$
8. Fuel Supplies & Maintenance	7,252.52		
9. Fees/Memberships	571.00		
10. Postage	46.00		
11. Insurance	6,495.95		
12. Equipment/Fire Gear	10,005.00		
13. Total Disbursements (add lines 7 - 12)	\$ 25,295.31	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$ 18,358.61	\$	\$
15. Fund Balance at beginning of year	\$ 68775.15	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 87,133.76	\$	\$

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

Fire Protection District 2

(Agency Name)

December 31, 2019

Balance Sheet, on
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 87,133.76	\$	\$
2. Investments (fair value) on hand			
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>\$ 87,133.76</u>	<u>\$</u>	<u>\$</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	87,133.76		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 87,133.76</u>	<u>\$</u>	<u>\$</u>

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Fire Protection District 2 _____ (Agency Name)

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 December 31, 2019 (Year-End)

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

_____ 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.)

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