

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

Entity Name: Grant Parish Fire Dist. 7 (under UFO)

Address: 123 Firehouse Rd

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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](mailto: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, Lisa B Hickman (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 Grant Parish Fire Dist 7 (entity's name) as of Dec 31, 2020 (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, Lisa B Hickman (officer's name), who duly sworn, deposes, and says that Grant Parish Dist 7 (entity's name) received \$75,000 or less in revenues and other sources for the year ended 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Lisa B Hickman  
OFFICER'S SIGNATURE

President/Treasurer  
OFFICER'S TITLE

Sworn to and subscribed before me, this 16<sup>th</sup> day of December, 20 21

Lysia Fredieu  
NOTARY PUBLIC SIGNATURE & SEAL  
Lysia Fredieu 138786

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <i>Taxes, Researching Ins Rebate</i>	\$23,118.79	\$	\$ 23,118.79
2.			
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$23,118.79</u>	<u>\$</u>	<u>\$ 23,118.79</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <i>Office Misc.</i>	\$ 444.88	\$	\$ 444.88
8. <i>Vehicle, Fuel etc</i>	1,853.07		1,853.07
9. <i>Insurance vehicle + bldg, contents</i>	6,344.86		6,344.86
10. <i>Utilities Gas Water Electric</i>	1,478.67		1,478.67
11. <i>Bldg Exp.</i>	5,4619.86		5,4619.86
12. <i>labor Bldg</i>	20,559.00		20,559.00
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$85,300.34</u>		<u>\$85,300.34</u>
14. Change in fund balance ( Lines 6 minus 13)	\$-62,181.55		\$ 62,181.55
15. Fund Balance at beginning of year	\$94,245.15		\$ 94,245.15
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$32,063.60</u>		<u>\$ 32,063.60</u>

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	\$	\$	\$
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)	<u>\$</u>	<u>\$</u>	<u>\$</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8.			
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	3 206 3.60		3 206 3.60
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$</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: Grant Parish Dist 7 (Verde VFD)

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.
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.

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.)