

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

Entity Name: Fire Protection District 2 - Grant Parish

Address: P.O. Box 250, Montgomery, LA. 71454

Telephone: 318-623-0153 Email: gharrison@lrwa.org

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, Thomas G. Harrison (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 Fire Protection District 2 (entity's name) as Dec. 31, 2023 of (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, Thomas G. Harrison (officer's name), who duly sworn, deposes, and says that Fire Protection District 2 (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2023 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

Sworn to and subscribed before me, this  $29^{4}$  day of MARCH, 2024

OFFICER'S TITLE

Sworn Financial Statement

Updated: 08/07/2023

Entity Name: Fire Protection District 2

Fiscal Year End: Dec. 31, 2023

#### Statement of Receipts and Disbursements

#### Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.			A 10 505 11
Tax Millage	\$ 42,587.11		\$ 42,587.11
2. Insurance Rebate	\$ 10,246.72		\$ 10,246.72
3. Donation (WOW)	\$ 300.00		\$ 300.00
4.			\$ 0.00
5.			
6. Total receipts (add lines 1 - 5)			\$ 0.00
	\$ 53,133.83	\$ 0.00	\$ 53,133.83
DISBURSEMENTS (Provide Brief Description):			
7.	£ 1 104 CC		¢ 1 104 66
Utilities 8.	\$ 1,104.66		\$ 1,104.66
Fuel	\$ 976.65		\$ 976.65
9.			
Box Rent	\$ 62.00		\$ 62.00
10.			
Insurance	\$ 6,977.70		\$ 6,977.70
11. Training & Fire Personnel Equipment	\$ 3,278.44		\$ 3,278.44
12.			
Maintenance, Repairs, & Advertising	\$ 1,692.40		\$ 1,692.40
13. Total Disbursements (add lines 7 - 12)	\$ 14,091.85	\$ 0.00	\$ 14,091.85
14. Change in fund balance (Lines 6 minus 13)			
	\$ 39,041.98	\$ 0.00	\$ 39,041.98
15. Fund Balance at beginning of year			A 170 050 44
16 Fund holonon (definit) at and of your (think	\$ 172,359.14		\$ 172,359.14
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$ 211,401.12	\$ 0.00	\$ 211,401.12

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.* 

## **Balance Sheet**

# Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)	Contraction of the second s		
<ol> <li>Cash and cash equivalents</li> </ol>	¢ 044 404 40		¢ 011 401 10
2. Investments (fair value)	\$ 211,401.12		\$ 211,401.12
			\$ 0.00
<ol><li>Office furnishings (Cost of desks, etc)</li></ol>			
4. Equipment (Cost of fax machine, etc)			\$ 0.00
			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 211,401.12	\$ 0.00	\$ 211,401.12
7. Liabilities (brief description):			\$ 0.00
8.			\$ 0.00
			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)			
	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 211,401.12	\$ 0.00	\$ 211,401.12
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 211 401 12	\$ 0.00	<u>\$ 0.00</u> \$ 211,401.12
14. Total Elashitles and Fund Dalarice (add lines 11 - 15)	ΨΖΠ,ΨΟΙ.ΙΖ	ψ 0.00	ψ211,401.12

### Statement C

## Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title:

Purpose	Dollar Amount
1. Salary	\$5.00
2. Benefits-insurance	50.00
3. Benefits-retirement	
4. Benefits-other (describe)	50.00
5. Benefits-other (describe)	<u>40.00</u>
6. Benefits-other (describe)	\$ 0.00
7. Car allowance	\$ 0.00 \$ 0.00
8. Vehicle provided by government (if reported on your W-2)	₩ 0,00
9. Per diem	# 0.00
10. Reimbursements	5 0.00
11. Travel	£ 0.00
12. Registration fees	\$ 0.00
13. Conference travel	\$ 0.00
14. Housing	\$ 0.00
15. Unvouchered expenses (example: travel advances, etc.)	50.00
16. Special meals	\$ 0.00
17. Other	\$ 0.00
18. TOTAL (enter total of line 1-17)	\$ 0.00

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.)