

## **Constable - Sworn Financial Statement**

Name: Steven I. Sagrera
Ward/District: 6th Ward Parish: Vermilion Parish
Physical Address: 18133 Grace Rd. Abbeville La. 70510
Telephone: 337-319-3505 Email: ike_sagrera@yahoo.com
This annual sworn financial statement is required to be filed by March 31 with the Legislative Auditor by sending a pdf copy by email to <a href="mailto:ereports@lla.la.gov">ereports@lla.la.gov</a> , by fax to 225-339-3986 or by 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, Constable (your name) Steven I. Sagrera , who, duly sworn, deposes and
says that the financial statement herewith given presents fairly the financial position of the Court of Vermilion Parish Parish, Louisiana, as of December 31, $2021$ , and the results of operations for the year then ended, on
the cash basis of accounting.
In addition, (your name), Steven I. Sagrera who duly sworn,
deposes, and says that the Constable of Ward/District 6th Ward Parish of Vermilion Parish received \$200,000 or less in revenues and other
sources for the year ended December 31, 2021, and accordingly, is required to
provide a sworn financial statement and affidavit and is not required to provide
for a compilation report for the previously mentioned fiscal year.
Stru Gymu
CONSTABLE SIGNATURE
Sworn to and subscribed before this day of March, 2021.  NOTARY PUBLIC SIGNATURE
Under provisions of state law, this report is a habit document. A copy of this report will be submitted to the Governor, to the Attorney General, and to other public officials as required by state and A Follow and the Baton Rouge office of the Louisiana Legislative Auditor and online at www.lla.la.gov.

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## Constable - Sworn Financial Statement/Compensation Schedule

Name:	Ward/District:	Parish:	
		Amount General	Amount Garnishments
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conference fees to the Attorney (and/or reimbursed for conference amount reimbursed	General and you were reimbursed nce-related travel expenses)		
of receipt			
of receipt			
s cted any garnishments, enter th o others	ne amount of garnishments		
employees, enter the amount y	ou paid them in salary/benefits		
any travel expenses as constabl amount paid	e (including travel that was reimbursed),		
any office expenses such as ren nt paid	t, utilities, supplies, etc., enter		
any other expenses as constable	e, describe them and enter the amount		
of expense			
of expense			
cash is normally kept by the con	stable as his/her salary. If you have		
normally do not have fixed assewith their Constable office. If y	ets, receivables, debt, or other disclosures ou do have fixed assets, receivables, debt		
	Supplemental Report mount of your State/Parish Salan, Box 1 (do NOT send your W- cted any garnishments, enter the cted any other fees as constable ollected any fees for you and part in paid conference fees directly the amount the parish paid conference fees to the Attorney (and/or reimbursed for conference amount reimbursed cted any other receipts as constant and the parish paid conference fees to the Attorney (and/or reimbursed cted any other receipts as constant and the parishments, enter the conference fees to the Attorney (and of receipt  and the parishments are constable and the parishments, enter the conference fees to the Attorney (and of receipt  and the parishments are constable and the parishments, enter the conference fees to the Attorney (and of receipt  and the parishments are constable and the parishments, enter the conference fees to the Attorney (and of receipt  and the parishments, enter the conference fees to the Attorney (and of receipt  and the parishments, enter the conference fees to the Attorney (and of receipt  and of receipt  and the parishments are conference	Supplemental Report mount of your State/Parish Salary from Constable n, Box 1 (do NOT send your W-2 form to the Legislative Auditor) cted any garnishments, enter the amount cted any other fees as constable, enter the amount ollected any fees for you and paid them to you, enter the amount h paid conference fees directly to the Attorney General for you, amount the parish paid conference fees to the Attorney General and you were reimbursed (and/or reimbursed for conference-related travel expenses) amount reimbursed cted any other receipts as constable, (e.g., benefits, housing, red expenses, per diem) describe them and enter the amount of receipt  of receipt  sted any garnishments, enter the amount of garnishments o others employees, enter the amount you paid them in salary/benefits amy travel expenses as constable (including travel that was reimbursed), amount paid any office expenses such as rent, utilities, supplies, etc., enter not paid any office expenses as constable, describe them and enter the amount of expense  of expense  of expense  for expense  of e	Amount General  Supplemental Report  mount of your State/Parish Salary from Constable 1, 80x 1 (do MOT send your W-2 form to the Legislative Auditor)  cted any garnishments, enter the amount  cted any other fees as constable, enter the amount  ollected any fees for you and paid them to you, enter the amount  h paid conference fees directly to the Attorney General for you, amount the parish paid  conference fees to the Attorney General and you were reimbursed  (and/or reimbursed for conference-related travel expenses)  amount reimbursed  cted any other receipts as constable, (e.g., benefits, housing, red expenses, per diem) describe them and enter the amount  of receipt  cted any garnishments, enter the amount of garnishments  o others  employees, enter the amount you paid them in salary/benefits  any travel expenses as constable (including travel that was reimbursed), amount paid  any office expenses such as rent, utilities, supplies, etc., enter  nt paid  any other expenses as constable, describe them and enter the amount  of expense  of expense  of expense  for expense  for expense  of expense  for expen

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