

Constable - Sworn Financial Statement

Name: Darren Wayne Brackens
Ward/District: 2 Parish: Bienville
Physical Address: 2190 Market Street/PO Box 300
Telephone: (251) 404-3516 Email: dwbrackens@aol.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 ereports@lla.la.gov , 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) Darren Wayne Brackens , who, duly sworn, deposes and
says that the financial statement herewith given presents fairly the financial
position of the Court of Bienville Parish, Louisiana, as of
December 31, 2018, and the results of operations for the year then ended, on
the cash basis of accounting.
In addition, (your name) Darren Wayne Brackens, who, duly sworn,
deposes and says that the Constable of Ward/District Parish of
Bienville received \$200,000 or less in revenues and other
sources for the year ended December 31, 2018, 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.
CONSTABLE SIGNATURE
Sworn to and subscribed before me, this the day of June, 2018.
NOTARY PUBLIC SIGNATURE

Under provisions of state law, this report is a public 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 law. A copy of this report will be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and online at www.lla.la.gov.

Revised: 03/2023



Constable - Sworn Financial Statement/Compensation Schedule

Year:	2018	Name:	Darren Wayne Brackens	Ward/District:	2 Parish:	Bienville
					Amount General	Amount Garnishments
Receipt	s/Supp	lemental	Report		General	Garnisminents
Enter the amount of your State/Parish Salary from Constable W-2 Form, Box 1 (do NOT send your W-2 form to the Legislative Auditor)					\$ 3,600.00	
	100		The state of the s	egisiative Auditor)		\$ 0.00
If you collected any garnishments, enter the amount If you collected any other fees as constable, enter the amount If your JP collected any fees for you and paid them to you, enter the amount If the parish paid conference fees directly to the Attorney General for you, enter the amount the parish paid					\$ 0.00	· · · · · · · · · · · · · · · · · · ·
					\$ 0.00	
					\$ 0.00	
					\$ 0.00	
If you paid conference fees to the Attorney General and you were reimbursed for them, (and/or reimbursed for conference-related travel expenses) enter the amount reimbursed					\$ 0.00	
			eceipts as constable, (e.g., ben r diem) describe them and ent			
Type of receipt					\$ 0.00	
					\$ 0.00	
	Type of re	ceipt				
Expen						\$ 0.00
			ments, enter the amount of ga	rnishments		Ψ 0.00
you paid to others If you have employees, enter the amount you paid them in salary/benefits If you had any travel expenses as constable (including travel that was reimbursed), enter the amount paid If you had any office expenses such as rent, utilities, supplies, etc., enter the amount paid					\$ 0.00	
					\$ 0.00	
					\$ 0.00	
If you h	nad any o	ther expens	ses as constable, describe then	and enter the amount		
	Tune of o	(nonco			\$ 0.00	
					\$ 0.00	
	Type of ex	cpense			Ψ 0.00	
If const remaini	ing cash i	e any cash s normally l	left over after paying the expe kept by the constable as his/he OT consider to be your salary,	er salary. If you have		
None	Э					
Constat associa	oles norm ted with t	ally do not heir Consta	ples, Debt or Other Disclo have fixed assets, receivables, ble office. If you do have fixed to by state or federal regulation	debt, or other disclosure d assets, receivables, deb	ot,	
None	Э					
				Revised 03/2023		