

Constable – Sworn Financial Statement

Name: CONSTABLE AL CORMIER
Ward/District: 1 Parish: ST MARTIN
Physical Address: 410 GAUTHIER ST. ST. MARTINVILLE LA
Telephone: 337-394-4231 Email: ALCE3842@GMAIL.COM 7032

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 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, Constable (your name) AL CORMIER, who, duly sworn, deposes and says that the financial statement herewith given presents fairly the financial position of the Court of ST MARTIN Parish, Louisiana, as of December 31, 2019, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) AL CORMIER, who duly sworn, deposes, and says that the Constable of Ward or District 1 and ST MARTIN Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2019, 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 12 day of MARCH, 2020


NOTARY PUBLIC SIGNATURE & SEAL
JP-50-1

AL CORMIER (Constable Name)
ST MARTIN Parish Constable
 of Ward or District 1
ST MARTIN VILLE (City) Louisiana

Schedule of Compensation, Benefits and Other Payments to the Constable
 For the 12 Months Ended December 31, 2018

| Purpose | Dollar Amount |
|---|--------------------|
| 1. Salary (Enter total of both columns from line 13, Statement A) | 1. <u>5350.00</u> |
| 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 form W-2) | 8. |
| 9. Per diem | 9. |
| 10. Reimbursements** | 10. <u>0</u> |
| 11. Travel | 11. <u>0</u> |
| 12. Registration fees** | 12. |
| 13. Conference travel | 13. |
| 14. Housing | 14. |
| 15. Unvouchered expenses | 15. |
| 16. Special meals | 16. |
| 17. Other | 17. |
| 18. TOTAL (enter total of lines 1-17) | 18. <u>5350.00</u> |

**Line 10: If you attended JPC Training Conference during the year being reported, add total reimbursements paid by your parish for hotel, meals, mileage, etc.

Line 12: Registration fees for the conference paid by your parish.

Lines 10 and 12 will be zero if you did NOT attend the conference.

Please return the completed form by March 31 to Louisiana Legislative Auditor – Local Government Services,
 Post Office Box 94397, Baton Rouge, LA 70804-9397