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Lasalle Parish Constable  
of Ward or District 2  
Olla (City) Louisiana

Financial Statements  
As of and for the Year December 31, 2018

Required by Louisiana Revised Statutes 24:513 and 24:514 to  
be filed with the Legislative Auditor  
Within 90 days after the close of the fiscal year.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) Sammy Chisolm, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of Lasalle Parish, Louisiana, as of December 31 2017, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) Sammy Chisolm, who duly sworn, deposes, and says that the Constable of Ward or District 2 and Lasalle Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2017, and accordingly, is required to provide a sworn financial statement and affidavit and is not required to provide for an audit, review/attestation, or compilation report for the previously mentioned fiscal year.

Sammy Chisolm  
Signature of Constable

Sworn to and subscribed before me, this 30 day of April, 2018

Jeanne G. Wilson  
NOTARY PUBLIC SIGNATURE & SEAL Jeanne G. Wilson  
# 055298

| For Office Use Only:   | Please Complete this Section:                           |
|--|---|
| Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at: the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court. | Constable's Name <u>Sammy Chisolm</u>                   |
|  | Address <u>2064 196</u>                                 |
|  | City, Zip Code <u>Olla La 71465</u>                     |
|  | Email Address <u>Chisolmsam@gmail.com</u>               |
|  | Cell Phone <u>318-312-1027</u>                          |
|  | Land/Fax No. <u>318-495-3360</u><br><u>318-495-5041</u> |
| Release Date <u>MAY 09 2018</u>  |   |

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

**Statement A**  
**(Required)**  
Page 3

Sammy Chisolm (Constable Name)  
Lasalle Parish Constable  
of Ward or District 2  
Olla (City) Louisiana

**Statement of Cash Receipts and Disbursements**  
For the Year Ended December 31, 2017

**CASH RECEIPTS:**

- 1. State & Parish salary (See Constable W-2 Form, Box 1)
- 2. Fees collected (if collected) (include litter court fees)
- 3. Garnishments collected (If applicable)
- 4. Other \_\_\_\_\_
- 5. **Total cash receipts.** Add lines 1 through 4

| General Fund       | Garnishment Fund Activity |
|--------------------|---------------------------|
| 1. <u>2,400.00</u> |                           |
| 2. <u>0</u>        |                           |
| 4. <u>0</u>        | 3. _____                  |
| 5. <u>2,400.00</u> |                           |

**CASH DISBURSEMENTS:**

- 6. Cost of equipment purchased (fax machine, etc.)
- 7. Materials and supplies (stationery, postage, etc.)
- 8. Travel and other charges
  - 8a. For yourself
  - 8b. For employees (If applicable)
- 9. Other operating expenses (rent, utilities, phone/fax line, etc.)
- 10. Garnishments paid to others [From total collections on Line 3]
- 11. **Total disbursements** (add lines 6-10)
- 12. Balance Available (less) for payment of salaries  
(General Fund: Line 5 less Line 11;  
Garnishment Fund Activity: Line 3 less Line 10)

|              |              |
|--------------|--------------|
| 6. <u>0</u>  |              |
| 7. <u>0</u>  |              |
| 8. <u>0</u>  |              |
| 8a. <u>0</u> |              |
| 8b. <u>0</u> |              |
| 9. <u>0</u>  | 10. <u>0</u> |
| 11. <u>0</u> |              |
| 12. <u>0</u> | 12. _____    |

Salary and related benefits:

- 13. Amount retained by yourself from line 12 (copy to line 1, Statement C)
- 14. Amount paid to employees (if applicable)
- 15. **Total salaries paid** (add lines 13 and 14)

|              |           |
|--------------|-----------|
| 13. <u>0</u> | 13. _____ |
| 14. <u>0</u> | 14. _____ |
| 15. <u>0</u> | 15. _____ |

**FUND BALANCE\*\***

- 16. Increase (decrease) in fund balance, may be \$0  
(line 12 less line 15)
- 17. Fund Balance at beginning of the year, may be \$0  
(Ending Fund balance from last year's report)
- 18. Fund balance (deficit) at end of the year, may be \$0  
(Add lines 16 and 17)

|              |           |
|--------------|-----------|
| 16. <u>0</u> | 16. _____ |
| 17. <u>0</u> | 17. _____ |
| 18. <u>0</u> | 18. _____ |

\*\*Fund Balance = Amount Received minus Amount Spent. If lines 16 - 18 are zero, go to statement C, page 5.

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**Statement C  
(Required)  
Page 5**

Sammy Chisolm (Constable Name)  
La Salle Parish Constable  
 of Ward or District 2  
ella (City) Louisiana

**Schedule of Compensation, Benefits and Other Payments to the Constable  
 For the 12 Months Ended December 31, 2017**

| Purpose   | Dollar Amount                 |
|---|-------------------------------|
| 1. Salary (Enter total of both columns from line 13, Statement A) | 1. <u>2,400<sup>00</sup></u>  |
| 2. Benefits-insurance   | 2. <u>0</u>                   |
| 3. Benefits-retirement  | 3. <u>0</u>                   |
| 4. Benefits-other (describe)                                      | 4. <u>0</u>                   |
| 5. Benefits-other (describe)                                      | 5. <u>0</u>                   |
| 6. Benefits-other (describe)                                      | 6. <u>0</u>                   |
| 7. Car allowance  | 7. <u>0</u>                   |
| 8. Vehicle provided by government (if reported on form W-2)       | 8. <u>0</u>                   |
| 9. Per diem   | 9. <u>0</u>                   |
| 10. Reimbursements**  | 10. <u>0</u>                  |
| 11. Travel  | 11. <u>0</u>                  |
| 12. Registration fees**   | 12. <u>0</u>                  |
| 13. Conference travel   | 13. <u>0</u>                  |
| 14. Housing   | 14. <u>0</u>                  |
| 15. Unvouchered expenses  | 15. <u>0</u>                  |
| 16. Special meals   | 16. <u>0</u>                  |
| 17. Other   | 17. <u>0</u>                  |
| 18. TOTAL (enter total of lines 1-17)                             | 18. <u>2,400<sup>00</sup></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.

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