

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

LEGISLATIVE AUDITOR  
2018 APR 6 AM 10:41

Morehouse Parish Constable  
of Ward or District 9  
Bastrop (City) Louisiana

3

Financial Statements  
As of and for the Year December 31 2017

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) Donna Atkins, who duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of Morehouse Parish, Louisiana, as of December 31 2017, and the results of operations for the year then ended, on the cash basis of accounting.

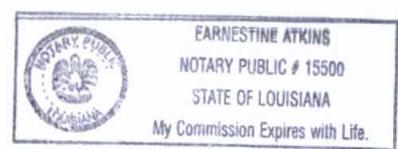
In addition, (your name) Donna Atkins, who duly sworn, deposes, and says that the Constable of Ward or District 9 and Morehouse Parish received \$200,000 or less in revenues and other sources for the year ended December 31 2017 and accordingly, is required to provide a sworn financial statement and affidavit and is not required to provide for an audit, review/attestation, or compilation report for the previously mentioned fiscal year.

Donna Atkins

Signature of Constable

Sworn to and subscribed before me, this 3 day of April, 2018

Earnestine Atkins  
NOTARY PUBLIC SIGNATURE & SEAL



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>DONNA ATKINS</u>
Release Date <u>APR 25 2018</u>	<u>1616 old Berlin Rd</u>
	Address <u>Bastrop</u>
	City, Zip Code <u>La 71220</u>
	Email Address <u>donnaatkins70</u>
	Cell Phone <u>@gmail.com</u>
	Land/Fax No. <u>318-282-2794</u>

Donna Atkins (Constable Name)  
 Morehouse Parish Constable  
 of Ward or District 9  
Bastrop (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>2100</u>	
2. <u>0</u>	
	3. <u>0</u>
4. <u>0</u>	
5. <u>2100</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)

6. _____	
7. _____	
8a. _____	
8b. _____	
9. _____	
	10. _____
11. _____	

12. Balance Available (loss) for payment of salaries  
 (General Fund: Line 5 less Line 11;  
 Garnishment Fund Activity: Line 3 less Line 10)

12. <u>2100</u>	12. _____
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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. _____	13. _____
14. _____	14. _____
15. _____	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. _____	16. _____
17. _____	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.**

Statement C

(Required)

Page 5

Donna Atkins (Constable Name)  
Morgan Parish Constable  
of Ward or District 9  
Bastrop (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. 2100
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.
11. Travel	11.
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.

\*\*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.

**Page A-1**

**Instructions for Filling Out Sworn Financial Statements for Legislative Auditor—Constables**

The enclosed financial statements have five pages.

**Page 1: Transmittal letter** tells the Legislative Auditor which Constable you are. Also, space is provided to indicate if you served as constable for partial year. PLEASE COMPLETE.

**Page 2: Affidavit**, where you affirm that your constable office DID NOT receive more than \$200,000 in revenues during the year. If your revenues are more than \$200,000, please contact us immediately. PLEASE COMPLETE - REQUIRED.

**Page 3: Statement A.** Tells the Legislative Auditor how much money your constable office took in and paid out during the year. PLEASE COMPLETE THIS FORM.

**Page 4: Statement B.** You will only fill this out if you take in more money than you pay out from your constable office during the year. NORMALLY NOT REQUIRED

**Page 5: Statement C.** It is a schedule of compensation, benefits, and other payments made to the