Justice of the Peace - Sworn Financial Statement

| Name: George MOIEX III | (2) |
|--|-------|
| Ward/District: 9/3 Parish: Pointe Coupel | |
| Physical Address: 8668 Deaton Lawe Morganza, L | a7075 |
| Telephone: 618-8252 2005 Email: 900 rge molex 3 & 9 mail | .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 or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397. | t |
| AFFIDAVIT | |
| Personally came and appeared before the undersigned authority, Justice of the Peace (your name) George Molest Hwho, duly sworn, deposes and says that the financial statements | |
| herewith given presents fairly the financial position of the Court of Pointe CoupeeParish, | |
| Louisiana, as of December 31, 2619, and the results of operations for the year then ended, on | |
| the cash basis of accounting. | |
| In addition, (your name) <u>Cecyfe Molex III</u> , who duly sworn, deposes, and says that the Justice of the Peace of Ward or District <u>9 and 3</u> and <u>Pointe Con</u> Parish received \$200,000 or less in revenues and other sources for the year ended December 31, | pee |
| 69, 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. | |
| Hunge molef III JP SIGNATURE | |
| Sworn to and subscribed before me this 13 day of February 20.20) | |

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.

Justice of the Peace - Sworn Financial Statement/Compensation Schedule

| | | Amount |
|--|---|------------------------------------|
| Receipts/Supplemental Report | | Amount |
| Enter the amount of your State, form to the Legislative Auditor). If you collected any fees as JP, e If the parish paid conference fee the parish paid. If you paid conference fees to the reimbursed for conference-relating you collected any other receipt diem), describe them and enter | enter the amount. es directly to the Attorney General for you, enter the amount ne Attorney General and you were reimbursed for them (and/or ted travel expenses), enter the amount reimbursed. ots as JP (e.g., benefits, housing, unvouchered expenses, per the amount: | \$3,600.60 \$890.60 \$360.00 |
| | | 0 |
| Type of receipt | | 0 |
| Expenses | | |
| | ed to your constable, enter the amount paid. | \$ 690.00 |
| If you have employees (not your | r constable), enter the amount you paid them in salary/benefits. | |
| | s JP (including travel that was reimbursed), enter the amount | 0 |
| If you had any office expenses s | uch as rent, utilities, supplies, etc., enter the amount paid. | 0 |
| If you had any other expenses as | s JP, describe them and enter the amount: | 0 |
| Remaining Funds | | |
| If JPs have any cash left over aft | er paying the expenses above, the remaining cash is normally If you have cash left over that you do NOT consider to be your | |
| | | |
| | ssets, receivables, debt, or other disclosures associated with | 7 |
| their JP office. If you do have fix state or federal regulations, plea | ked assets, receivables, debt, or other disclosures required by ase describe below. | |
| | | |