Lafayetle Parish Constable Ward or District \_\_\_\_2 ayette (City, Parish) Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) March 27, 2020

Ms. Gayle Fransen Engagement Manager Office of Legislative Auditor 1600 North Third Street (70802) P.O. Box 94397 Baton Rouge, LA 70804-9397

Dear Ms. Fransen:

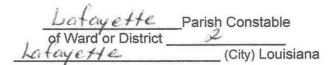
Sincerely,

Bryan Suichy Constable

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

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



Financial Statements As of and for the Year December 31, <u>2019</u>

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)  $\underline{\beta ryan}$   $\underline{\beta uidry}$ , who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of  $\underline{\lambda a fayeffe}$  Parish, Louisiana, as of December 31,  $\underline{\beta q q}$ , and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name)  $\beta$  ryan  $\beta$  uiday, who duly sworn, deposes, and says that the Constable of Ward or District 2 and 2 and

Sugar Juidry

Sworn to and subscribed before me, this 30 day of March, 2020

	#153388
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 NameOryanGuidryAddress384 6 Ridge RoadCity, Zip CodeRayne, La. 705 78Email Addressbageo e Gel. comCell Phone331-257-0803Land/Fax No.Constant of the second se
Release Date	

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## Statement A (Required) Page 3

Gryan Guidry (Constable Name) Constable Name) Constable Of Ward or District 2 Constable Of Ward or District (City) Louisiana Lafavette

## Statement of Cash Receipts and Disbursements

For the Year Ended December 31, 2014

		General Fund	Garnishment Fund Activity
C	ASH RECEIPTS:		and the second second second second
	. State & Parish salary (See Constable W-2 Form, Box 1)	1.8.936-0	0
	. Fees collected (if collected) (include litter court fees)	2.2.400.00	2
	Garnishments collected (If applicable)		3. 0
4	Other	4. 0	<u> </u>
5	. Total cash receipts. Add lines 1 through 4	5.11 386.00	2
C	ASH DISBURSEMENTS:		
	. Cost of equipment purchased (fax machine, etc.)	6. 450.00	
	. Materials and supplies (stationery, postage, etc.)	7. 400.00	
	. Travel and other charges		
	8a. For yourself	8a 4 5/20 3	7.7
	8b. For employees (If applicable)	8b 0	
9	Other operating expenses (rent, utilities, phone/fax line, etc.)	95.710-1-	3
1	0. Garnishments paid to others [From total collections on Line 3]		10. 0
1	1. Total disbursements (add lines 6-10)	11.11, 320.4	5
	2. Balance Available (loss) for payment of salaries		
	General Fund: Line 5 less Line 11;	8 10 10	4
(	Garnishment Fund Activity: Line 3 less Line 10)	12. 65.55	12. 0
c	Salary and related benefits:		
	3. Amount retained by yourself from line 12 (copy to line 1, Statement C)	13. <i>O</i>	13. 0
	<ol> <li>Amount retained by yoursel non-nine 12 (copy to line 1, otatement o)</li> <li>Amount paid to employees (if applicable)</li> </ol>	14. 0	14. 0
		and the second se	
1	5. Total salaries paid (add lines 13 and 14)	<u>15.</u> <i>O</i>	15. 0
-			
-	UND BALANCE**		
1	<ol> <li>Increase (decrease) in fund balance, may be \$0 (line 12 less line 15)</li> </ol>	16. 65.55	16. 0
1	7. Fund Balance at beginning of the year, may be \$0	10. 600 00	
	(Ending Fund balance from last year's report)	17. 0	17. 0
1	8. Fund balance (deficit) at end of the year, may be \$0	i e co	-
	(Add lines 16 and 17)	18.65.55	18. 0

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

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Bryan Guidry		_(Constable Name)
Lafdyette Parish C	onstable	
of Ward or District	2	Notice characterized and compared
Latayette	(City	) Louisiana

Balance Sheet, on December 31, 2019

	General Fund	Garnishment Fund (if applicable)	Total
ASSETS: 1. Cash 2. Investments 3. Office furnishings (Cost of desks, etc.) 4. Equipment (Cost of fax machine, etc.)	1. 65.55 2. 0 3. 0 4. 0	-	1. 65.55 2. 0 3. 0 4. 0
5. Total Assets (add lines 1 - 4)	5. 65.55	5.	5. 65.55
LIABILITIES AND FUND BALANCE: Liabilities:			s
<ol> <li>Cash overdraft</li> <li>Garnishments due to others</li> <li>Other liabilities</li> </ol>	6. <i>O</i>	<u>7. 0</u> 0	6. <i>O</i> 7. <i>O</i> 8. <i>O</i>
<ol> <li>9. Total Liabilities (add lines 6 - 8)</li> <li>Fund Balances:</li> </ol>	9. 0	9. 0	9. 0
<ol> <li>Ending Fund balance (from line 18, Statement A)</li> <li>Other -</li> <li>Total Liabilities and Fund Balance (add lines 9 - 11)</li> </ol>	10. 65.55 11. 0 12.65.55	<u>10.</u> <u>12.</u>	10. 65.55 11. 0 12. 65.55

Note: Line 5 (Total Assets) should equal Line 12 (Total Liabilities and Fund Balance) Statement B Is Completed If You Have a Balance Remaining On Line 18 Of Statement A

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Statement C (Required) Page 5

Bryan Guidry	(Constable Name)
Latayette Parish Constab	le
of Ward or District2	
Latayette	(City) Louisiana

Schedule of Compensation, Benefits and Other Payments to the Constable For the 12 Months Ended December 31, 2014

Purpose	Dollar Amount
1. Salary (Enter total of both columns from line 13, Statement A)	1. 8,986.00
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. 80.56
12. Registration fees**	12. 185.00
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. 9,251.54

\*\*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.