

## Justice of the Peace - Sworn Financial Statement

Name: James Kahl
Ward/District: 5/7 Parish: St. Tammany
Physical Address: 31392 Cowart Rd. Bush,La 70431
Telephone: 985-886-2030 Email: kahljames@charter.net
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 <u>ereports@lla.la.gov</u> , by fax to (225) 339-3986 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, Justice of the Peace (your name) James Kahl , who, duly sworn, deposes and says that the financial statement herewith given presents fairly the financial position of the Court of St. Tammany Parish, Louisiana, as of December 31, 2024 , and the results of operations for the year then ended, on the cash basis of accounting.
In addition, (your name) James Kahl , who, duly sworn,
deposes and says that the Justice of the Peace of Ward/District 5/7 Parish of St. Tammany received \$200,000 or less in revenues and other sources for the year ended December 31, 2024, 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.
Sworn to and subscribed before me, this day of,



## Justice of the Peace - Sworn Financial Statement/Compensation Schedule

real: ZVZT	wame:	James Na	thi	W	ard/Distric	ct: _:	<u> </u>	Parish	: <u>5ι.</u>	ı amman <u>y</u>	_
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eceipts/Sup Enter the amou (do NOT send	int of you	<b>al Report</b> r State/Parish 2 form to the L	Salary from J egislative Au	IP W-2 Form ditor)	n, Box 1				\$	9,840.00	
If you collected	l any fees	as JP, enter th	ie amount						_\$	1,100.00	
If the parish paid conference fees directly to the Attorney General for you, enter the amount the parish paid										\$ 0.00	
If you paid conference fees to the Attorney General and you were reimbursed for them, (and/or reimbursed for conference-related travel expenses) enter the amount reimbursed										\$ 0.00	
If you collected unvouchered		r receipts as Ji per diem) des									
Type of	receipt									\$ 0.00	
Type of	receipt		<u> </u>		**************************************					\$ 0.00	
Expenses If you paid any	fees you	collected to yo	our constable,	, enter the a	amount paid				_ \$	500.00	
If you have em						m in s	salary/be	enefits		\$ 0.00	
If you had any travel expenses as JP (including travel that was reimbursed), enter the amount paid										\$ 0.00	
If you had any	office exp	enses such as	rent, utilities	, supplies, (	etc., enter tr	ne amo	ount paid	i	4	600.00	
If you had any	other exp	enses as JP, d	escribe them	and enter t	he amount						
Type of	expense _									\$ 0.00	
Type of	expense _								_	\$ 0.00	
Remaining If JPs have any kept by the JP your salary, ple	cash left as his/her	salary. If you	ing the exper have cash le	nses above, eft over that	the remaini you do NOT	ng cas F cons	sh is nori ider to b	nally e			
Fixed Assets JPs normally do JP office. If yo federal regulat 0	not have u do have	fixed assets, fixed assets,	receivables, d receivables, d	debt, or oth	er disclosure	es asso s requ	ociated v	vith their state or			