DEST CARROL Parish Constable of Ward or District TREE (C)
FOREST (City) Louisiana

3

Financial Statements
As of and for the Year December 31, 2012

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)

PERRY ... PROMINGINHO, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of ... Parish, Louisiana, as of December 31, 2012 and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) PERRY W. GRM D., who duly sworn, deposes, and says that the Constable of Ward or District DREE (c) and WEIT CARROW Parish received' \$200,000 or less in revenues and other sources for the year ended' Decrember 31, 2012, and accordingly, is required to provide a sworn financial statement and affidiavit, and is not required to provide for an audit, reviewlattestation, or compilation report for the previously mentioned fiscal year.

Signature of Constable

Sworn to and subscribed before me, this day of

BARBARA D. SMITH Notary Public #40296

State of Louisiana My Commission Expires At Death

NOTARY PUBLIC SIGNATURE & SEAL

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For Office Use Only:

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JUL 0 3 2019

Please Complete this Section:

Correctedbles Numree PERRY
Additions

FOREST,

REST, LA 7024

12) 418 450 9223

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

Revised: 2/5/2018

Statement A
(Required)
Page 3

PERRY W. PRANTS (Constable Name) WEST CARRISPARISH CONSTABLE of Ward or District Receipts and Disbursements Startement of Cash Receipts and Disbursements For the Year Ended December 31,		Page 3
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	1. 2700 2. 200 4. 5. 2900	Gerninstruments Fund Activity 3.
6. Cost of equipment purchased (fax machine, etc.) 7. Materials and supplies (stationery, postage, etc.) 8. Travel and other charges i8a. For yourself i8b. 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]	6. 7. 8a 8b 9	10.
11. Total disbursements (add lines 6-10) 12. Balance Available (loss) for payment of salaries (Ge neral Fund: Line 5 less Line 11; Garnishment Fund Activity: Line 3 less Line 10)	11.	12.
Salarry 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. 2900 14. 15. 2900	13. 14.
FUNID 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. O 17. O 18. D	16. 17.

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Revised: 2/5/2018

^{**}Frund Balance = Amount Received minus Amount Spent. If lines 16 - 18 are zero, go to statement C, page 5.

PERRY W.	QRAMICS	(Constable Name)
WEST CARRICPARI	ish Constable	•
of Ward or District	THREE (C)_
FOREST		_ (Citỳ) Louisiana

Schedule of Compensation, Benefits and Other Payments to the Constable For the 12: Months Ended December 31, 2018

Purpose	Dollar Amount
1. Salarry (Enter total of both columns from line 13, Statement A)	1. 2700 00
2. Benefits-insurance	2.
Benefitts-retirement	3.
Benefitts-other (describe)	4.
5. Benefitts-other (describe)	5.
6. Benefiits-other (describe)	6.
7. Car alliowance	7.
8. Vehicle provided by government (if reported on form W-2)	8.
9. Per alëm	S. 82 96
10. Reimlbursements**	10.
11. Trave I	11.
1°12. Registration rees*	12. 185 =
13. Conference travel	13. 146 88
14. Housii ng	14. 273 00
15. Unvoluctered expenses	.15
16. Special meals	16.
17. Other	17.
18. TQT.AL_(enter total of lines 1-17),	18. 3387 84

Lines 10 and 12 will be zero if you did NOT attend the conference