Constable – Sworn Financial Statement

| Name: Henry J. Maitre III |
|--|
| Ward/District: Parish: St. Bernard |
| Physical Address: 2118. St. Jean Baptiste St. |
| Telephone: 504-583 7730 Email: hmaitre @ Sbpg. 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 ereports@lla.la.gov or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397. |
| AFFIDAVIT |
| AFIDAVII |
| Personally came and appeared before the undersigned authority, Constable (your name) |
| Henry I Maitre who, duly swom, deposes and says that the financial statement |
| herewith given presents fairly the financial position of the Court of St. Bec Nacd Parish, |
| Louisiana, as of December 31, 19, and the results of operations for the year then ended, on |
| the cash basis of accounting. |
| |
| In addition, (your name) Henry J. Matter who duly sworn, deposes, and says |
| In addition, (your name) Henry J. Maitatho duly sworn, deposes, and says that the Constable of Ward or District E and St. Bernard Parish |
| received \$200,000 or less in revenues and other sources for the year ended December 31, 19, |
| 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. |
| |
| Henry On the |
| CONSTABLESIONATURE |
| |
| Sworn to and subscribed before me, this 30 day of Jule, 20 20 |
| The state of the s |
| NOTARY PUBLIC SIGNATURE & SEAL Luann Schulz Landry Notary Public Notary ID No. 39799 St. Bernard Parish. Louisiana |

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.

Constable - Sworn Financial Statement/Compensation Schedule

| 8 00 | |
|------|-----------|
| | |
| 800 | |
| 300 | |
| 800 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 1 10 . 11 |
| | 480074 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Amount

Amount