

Justice of the Peace – Sworn Financial Statement

Name: Maria Taylor Hogan
 Ward/District: 4/4 Parish: DeSoto
 Physical Address: 1413 Shallowhorne St Mansfield LA 71058
 Telephone: 318-469-2481 Email: mariahogan53@yahoo.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.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Justice of the Peace (your name) Maria Taylor Hogan, who, duly sworn, deposes and says that the financial statements herewith given presents fairly the financial position of the Court of DeSoto Parish, Louisiana, as of December 31, _____, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) Maria Taylor Hogan, who duly sworn, deposes, and says that the Justice of the Peace of Ward or District 4-4 and DeSoto Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2020, 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.

Maria Taylor Hogan
 JP SIGNATURE

Sworn to and subscribed before me, this 25th day of March, 2021

Juneau Leshay
 NOTARY PUBLIC SIGNATURE # 5660
 De Soto Parish, Louisiana
 My Commission Is For Life.

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.

**Statement A
(Required)
Page 3**

Maria Taylor Hoan (JP Name)
DeSoto Parish Justice of the Peace
 of Ward or District 4-4
Monstield (City) Louisiana

**Statement of Cash Receipts and Disbursements
For the Year Ended December 31, _____**

	General Fund
CASH RECEIPTS:	
1. State & Parish salary (See JP W-2 Form, Box 1)	1. <u>8400-</u>
2. Total Fees collected (if applicable) - include litter court fees	2. <u>2160-</u>
3. Other <u>see schedule C</u>	3. <u>960-</u>
4. Total cash receipts (add lines 1-3)	4. <u>11520-</u>
CASH DISBURSEMENTS:	
5. Fees paid to constable (Out of Total Fees collected from line 2)	5. <u>2160-</u>
6. Cost of equipment purchased (fax machine, etc.)	6. _____
7. Materials and supplies (stationery, postage, etc.)	7. _____
8. Travel and other charges	
8a. For yourself <u>see schedule C</u>	8a. <u>960-</u>
8b. For employees (not for Constable)	8b. _____
9. Other operating expenses (rent, utilities, phone/fax line, etc.)	9. _____
10. Total disbursements (add lines 5-9)	10. _____
11. Balance Available (loss) for payment of salaries [(line 4 less Line 10)]	11. <u>8400-</u>
Salary and related benefits:	
12. Amount retained by yourself from line 11 (Also copy to line 1, Statement C)	12. <u>8400-</u>
13. Amount paid to employees (not to your Constable)	13. <u>-0-</u>
14. Total salaries paid (add Lines 12 and 13)	14. <u>8400-</u>
FUND BALANCE **	
15. Increase (or decrease) in fund balance - may be \$0 (line 11 less line 14)	15. <u>0</u>
16. Fund Balance at beginning of the year - may be \$0 (Ending Fund balance from last year's report)	16. <u>0</u>
17. Fund Balance (or deficit) at end of the year - may be \$0 (add lines 15 and 16)	17. <u>0</u>

**Fund Balance = Amount Received minus Amount Spent. If lines 15 - 17 are zero, go to statement C, page 5.

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

Statement C
(Required)
Page 5

Maria Taylor Hagan (JP Name)
Desoto Parish Justice of the Peace
of Ward or District 4-4
Mansfield (City) Louisiana

**Schedule of Compensation, Benefits and Other Payments to the Justice of the Peace
For the 12 Months Ended December 31, _____**

Purpose	Dollar Amount
1. Salary (Enter amount from line 12 of statement A)	1. <u>8400</u>
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** <u>mileage, meal, Hotel</u>	10. <u>745⁰⁰</u>
11. Travel	11.
12. Registration fees**	12. <u>185⁰⁰</u>
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other <u>Association dues</u>	17. <u>30⁰⁰</u>
18. TOTAL (enter total of lines 1-17)	18. <u>9360</u>

**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.

Please return the completed form by March 31 to Louisiana Legislative Auditor – Local Government Services,
Post Office Box 94397, Baton Rouge, LA 70804-939