

Constable - Sworn Financial Statement

Name: Carolyn Abels
Ward/District: 9 Parish: Winn
Physical Address: 336 Fourth St (P O Box 60) Calvin, La. 71410
Telephone: 318-413-0566 Email: carolyn.abels52@icloud.com
This annual sworn financial statement is required to be filed by March 31 with the Legislative Auditor be sending a pdf copy by email to <u>ereports@lla.la.gov</u> , by fax to 225-339-3986 or by mailing the Louislana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804 9397.
AFFIDAVIT
Personally came and appeared before the undersigned authority, Constable (your name) Carolyn Abels, who, duly sworn, deposes and says that the financial statement herewith given presents fairly the financial position of the Court of $\frac{\text{Winn}}{\text{December 31, }}$ Parish, Louisiana, as of December 31, $\frac{2023}{\text{Counting}}$, and the results of operations for the year then ended, or the cash basis of accounting.
In addition, (your name) Carolyn Abels, who, duly sworn, deposes and says that the Constable of Ward/District9 Parish of Winn received \$200,000 or less in revenues and other sources for the year ended December 31,2023, 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 26 day of February , 2024. Onotan Beaul #181740

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.

Revised: 03/2023



Constable - Sworn Financial Statement/Compensation Schedule

Year:	2023	Name:	Carolyn	Abels	Wa	rd/District: _	9	Parish:	vvinn	
								Amount General		Amount Garnishments
Receipt	:s/Supple	emental	Report	Salary from Co	`onetable					
W-2	Form, Box	1 (do NO	T send your	· W-2 form to t	the Legislati	ve Auditor)		\$ 2,340.00		ф A AA
If you	collected a	ny garnish	ments, ente	er the amount				ቀ ለ ለለ		\$ 0.00
If you	collected a	ny other f	ees as const	able, enter the	ie amount			\$ 0.00		
If your	If your JP collected any fees for you and paid them to you, enter the amount									
If the parish paid conference fees directly to the Attorney General for you, enter the amount the parish paid								\$ 0.00		
for th	paid confer em, (and/c the amour	r reimbur	sed for conf	ney General a erence-related	and you were d travel expe	e reimbursed enses)		\$ 399.90		
If you o	collected ar ichered exp	ny other ro benses, pe	eceipts as co er diem) des	onstable, (e.g., cribe them and	., benefits, hand enter the	ousing, amount				
-	F of 200	olok						\$ 0.00		
								\$ 0.00		
you pa If you h If you h enter t	collected an aid to other nave emplo nad any tra the amoun	rs yees, ento vel expen t paid	er the amou ses as consl	r the amount on t you paid the able (including rent, utilities, s	nem in salary g travel that	/benefits was reimburse	d), <u>.</u>	\$ 0.00 \$ 0.00 \$ 0.00		\$ 0.00
If you h	ad any oth	er expens	es as consta	able, describe i	them and e	nter the amount				
т	vne of exp	ense						\$ 0.00		
								\$ 0.00		
If consta	ng cash is r	any cash normally k	ept by the o	er paying the econstable as hi	is/her salary					
Constabl	les normall ed with the	y do not f ir Constat	ave fixed as le office. If	you do have f	bles, debt, o fixed assets	r other disclosur , receivables, de e describe below	ebt,			