

Constable – Sworn Financial Statement

Name: MICHAEL D. DAVID JR.

Ward/District: Ward 5 / District 6

Parish: WEST BATON ROUGE

Physical Address: 6111 NOLAN DAVID ROAD

Telephone: 2253172310

Email: OPERATOR0224@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, by faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

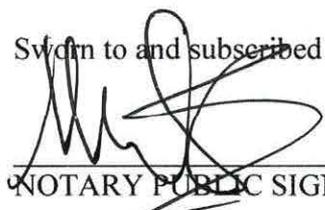
AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) MICHAEL D. DAVID JR., who, duly sworn, deposes and says that the financial statement herewith given presents fairly the financial position of the Court of West Baton Rouge Parish, Louisiana, as of December 31, 2022, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) MICHAEL D. DAVID JR., who duly sworn, deposes, and says that the Constable of Ward or District 126 and West Baton Rouge Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2022, 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.


CONSTABLE SIGNATURE

Sworn to and subscribed before me, this 31 day of March, 20 23


NOTARY PUBLIC SIGNATURE # 32471

(ANNUAL) TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.

ORIGINAL REPORT

This Report Covers Calendar Year: 2022

AMENDED REPORT

FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY , 20])

A final reports must be filed on or before May 15 of the year in which your service to that office ends.
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

OFFICE/POSITION HELD: CONSTABLE

NAME OF FILER (print full name): MICHAEL D. DAVID JR

Mailing Address : 6111 NOLAN DAVID ROAD

City, State, Zip: PORT ALLEN, LA 70767

NAME OF SPOUSE(if applicable)(print full name): _____

Spouse's Occupation: _____

Spouse's Principal Business Address: _____

City, State, Zip: _____

CHECK ALL THAT APPLY

I have filed my state income tax return for the previous year.

I have filed for an extension of my state income tax return for the previous year.

I have filed my federal income tax return for the previous year.

I have filed for an extension of my federal income tax return for the previous year.

CERTIFICATE OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer