

## **Constable - Sworn Financial Statement**

Name: Carolyn Wells
Ward/District: 1/1 Parish: Pointe Coupee
Physical Address: 11292 LA Hwy 1 Lettsworth, LA 70753
Telephone: 225-718-2702 Email: carolyn.wells@pcpsb.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 <a href="mailto:ereports@lla.la.gov">ereports@lla.la.gov</a> , by fax to 225-339-3986 or by mailing to 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 Wells , who, duly sworn, deposes and
says that the financial statement herewith given presents fairly the financial
position of the Court of Pointe Coupee Parish, Louisiana, as of
December 31, 2024, and the results of operations for the year then ended, on
the cash basis of accounting.
In addition, (your name) Carolyn Wells , who, duly sworn,
deposes and says that the Constable of Ward/District 1/1 Parish of
Pointe Coupee received \$200,000 or less in revenues and other
sources for the year ended December 31, 2024, 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.
authrewells
CONSTABLE SIGNATURE
Sworn to and subscribed before the 13th day of May , 2025.  NOTARY PUBLIC SIGNATURE:

Under provisions of state law, this report is a public document. Copy of the original public dispersion at the Baton Rouge office of the Louisians Legislative Auditor and online at www.lla.la.gov.

Revised: 03/2023



## Constable - Sworn Financial Statement/Compensation Schedule

Year:	2024	Name:	Carolyn	vveiis	'	Ward/Di	strict: _	1/1	Parish:	Point	e Coupee
									ount neral		Amount Garnishments
Receipts/Supplemental Report  Enter the amount of your State/Parish Salary from Constable W-2 Form, Box 1 (do NOT send your W-2 form to the Legislative Auditor)											
If you	collected a	any garnish	ments, enter	the amount							
If you	collected a	any other fe	es as consta	ble, enter th	e amoun	t					
If your JP collected any fees for you and paid them to you, enter the amount									\$ 0.00		
If the parish paid conference fees directly to the Attorney General for you, enter the amount the parish paid									\$ 0.00		
for ti	tem, (and,	erence fees for reimbur ant reimbur	sed for confe	ey General a rence-relate	and you v d travel e	were reiml expenses)	oursed		\$ 0.00		
				nstable, (e.g :ribe them ar							
	Type of re	ceint							\$ 0.00		
									\$ 0.00		
			ments, enter	the amount	of garnis	shments					\$ 0.00
If you	If you have employees, enter the amount you paid them in salary/benefits								\$ 0.0	0	
If you had any travel expenses as constable (including travel that was reimbursed), enter the amount paid  If you had any office expenses such as rent, utilities, supplies, etc., enter the amount paid									\$ 0.00		
									\$ 0.0	0	
If you	had any o	ther expen	ses as consta	ble, describe	them ar	nd enter ti	he amoun	t			
	Type of ex	kpense							\$ 0.00	2	
	Type of ex	xpense						_	\$ 0.00	<u> </u>	
If cons	ning cash i	ve any cash s normally	kept by the	er paying the constable as to be your sa	his/her s	alary. If	you have				
Consta	bles norm	ally do not their Const	have fixed a able office. I	or Other D ssets, receive f you do have federal regu	ables, de e fixed as	bt, or oth	elvables, o	lebt,			
					R	levised 03/2	2023	-			