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BEAUREGARD Parish Constable
of Ward/District 4
RABLEY AND LONGVILLE (City) Louisiana

Financial Statements
As of and for the Year December 31, 2017

Required by Louisiana Revised Statutes 24:513 and 24:514 to
be filed with the Legislative Auditor
Within 90 days after the close of the fiscal year.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) DAVID CLOUSE, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of BEAUREGARD Parish, Louisiana, as of December 31, 2017, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) DAVID CLOUSE, who duly sworn, deposes, and says that the Constable of Ward/District 4 and BEAUREGARD Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2017, and accordingly, is required to provide a sworn financial statement and affidavit and is not required to provide for an audit, review/attestation, or compilation report for the previously mentioned fiscal year.

David Clouse
Signature of Constable

Sworn to and subscribed before me, this 20th day of March, 2018.

La Russell
NOTARY PUBLIC Signature

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Please Complete this Section:

Constable's Name	<u>DAVID CLOUSE</u>
Street/P. O. Box Address	<u>PO Box 782</u>
City/Zip Code	<u>DEQUINCY 70633</u>
Telephone Number	<u>337-786-5936</u>
Fax Number	<u>N/A</u>
Email Address	<u>DAVID.DAVE36 AT YAHOO . com</u>

Release Date APR 25 2018

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

DAVID CLOUSE (Constable Name)
BEAUREGARD Parish Constable
of Ward / District 4
RABLAY AND LONGVILLE (City) Louisiana

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2017

	General Fund	Garnishment Fund Activity
<u>CASH RECEIPTS:</u>		
1. State & Parish salary <i>(required, from W-2 Form)</i>	1. <u>2700</u>	
2. Fees collected (if collected) (include litter court fees)	2. <u>0</u>	
3. Garnishments collected (If applicable)		3. <u>0</u>
4. Other _____	4. <u>0</u>	
5. Total cash receipts. Add lines 1 through 4	5. <u>2700</u>	
 <u>CASH DISBURSEMENTS:</u>		
6. Cost of equipment purchased (fax machine, etc.)	6. <u>0</u>	
7. Materials and supplies (stationery, postage, etc.)	7. <u>0</u>	
8. Travel and other charges		
8a. For yourself	8a. <u>0</u>	
8b. For employees (If applicable)	8b. <u>0</u>	
9. Other operating expenses (rent, utilities, phone/fax line, etc.)	9. <u>0</u>	
10. Garnishments paid to others [From total collections Line 3]		10. <u>0</u>
11. Total disbursements (add lines 6-10)	11. <u>0</u>	
12. Balance Available (loss) for payment of salaries (General Fund: Line 5 less Line 11; Garnishment Fund Activity: Line 3 less Line 10)	12. <u>0</u>	12. <u>0</u>
Salary and related benefits:		
13. Amount retained by yourself from line 12 as salary	13. <u>0</u>	13. <u>0</u>
14. Amount paid to employees (if applicable)	14. <u>0</u>	14. <u>0</u>
15. Total salaries paid (add lines 13 and 14)	15. <u>0</u>	15. <u>0</u>
<u>FUND BALANCE</u>		
16. Increase (decrease) in fund balance, may be \$0 (line 12 less line 15)	16. <u>0</u>	16. <u>0</u>
17. Fund Balance at beginning of the year, may be \$0 (Ending Fund balance from last year's report)	17. <u>0</u>	17. <u>0</u>
18. Fund balance (deficit) at end of the year, may be \$0 (Add lines 16 and 17)	18. <u>0</u>	18. <u>0</u>

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DAVID CLOUSE (Constable Name)
BEAUREGARD Parish Constable
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RAGLEY AND LONGVILLE (City) Louisiana

**Schedule of Compensation, Benefits and Other Payments to the Constable
 (REQUIRED - PLEASE SUBMIT COMPLETED FORM PER ATTACHED INSTRUCTIONS)**

Purpose	Amount
Salary	2700
Benefits-insurance	357 GROUP LIFE + DENTAL
Benefits-retirement	0
Benefits-other (describe)	0
Benefits-other (describe)	0
Benefits-other (describe)	0
Car allowance	0
Vehicle provided by government (enter amount reported on W-2)	0
Per diem	0
Reimbursements	0
Travel	0
Registration fees	0
Conference travel	0
Housing	0
Unvouchered expenses (example: travel advances, etc.)	0
Special meals	0
Other	0

TOTAL

~~2700~~ 3057