

Constable - Sworn Financial Statement

Name: LEANDER J WILLIAMS SR
Ward/District: 2/5 Parish: ST MARTIN
Physical Address: 203 ELMER ST, ST. MARTINVILLE LA 70582
Telephone: 337-577-3412
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 <u>ereports@lla.la.gov</u> , by fax to 225-339-3986 or by 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) LEANDER J WILLIAMS SR, who, duly sworn, deposes and
says that the financial statement herewith given presents fairly the financial position of the Court of $\underline{STMARTIN}$ Parish, Louisiana, as of December 31, $\underline{2023}$, and the results of operations for the year then ended, on
the cash basis of accounting.
In addition, (your name) LEANDER J WILLIAMS SR, who, duly sworn,
deposes and says that the Constable of Ward/District Parish of ST MARTIN received \$200,000 or less in revenues and other
sources for the year ended December 31, <u>2023</u> , 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 9 day of APRIL , 2024 JENNIFER F. TOUPS NOTARY PUBLIC SIGNATURE NOTARY PUBLIC SIGNATURE PARISH OF IBERIA NOTARY PUBLIC SIGNATURE



Constable - Sworn Financial Statement/Compensation Schedule

Year: _202	3 Name: LEANDER J WILLIAMS SR Ward/District: 2	/5 Parish: SI	MARTIN
		Amount General	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)		\$ 4,018.20	
If you collecte	ed any garnishments, enter the amount		
If you collecte	ed any other fees as constable, enter the amount		
If your JP collected any fees for you and paid them to you, enter the amount		\$ 1,375.0C	
If the parish penter the an	paid conference fees directly to the Attorney General for you, nount the parish paid		
for them, (a	onference fees to the Attorney General and you were reimbursed ind/or reimbursed for conference-related travel expenses) nount reimbursed		
	ed any other receipts as constable, (e.g., benefits, housing, d expenses, per diem) describe them and enter the amount		
Type of	f receipt		
Type of	f receipt		
Expenses If you collecte you paid to	ed any garnishments, enter the amount of garnishments others		
If you have e	mployees, enter the amount you paid them in salary/benefits		
If you had and enter the an	y travel expenses as constable (including travel that was reimbursed), nount paid		
If you had an the amount	y office expenses such as rent, utilities, supplies, etc., enter paid		
If you had any	y other expenses as constable, describe them and enter the amount		
Type of	f expense		
Type of	f expense		
remaining cas	Funds have any cash left over after paying the expenses above, the sh is normally kept by the constable as his/her salary. If you have that you do NOT consider to be your salary, please describe below.		
Constables no associated wit	ts, Receivables, Debt or Other Disclosures rmally do not have fixed assets, receivables, debt, or other disclosures th their Constable office. If you do have fixed assets, receivables, debt assures required by state or federal regulations, please describe below.		