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Vermilion Parish Constable
of Ward or District 5
Rayne (City) Louisiana

Financial Statements
As of and for the Year December 31, 2018

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) EARL C. HOFFPAUR, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of VERMILION Parish, Louisiana, as of December 31, 2018, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) EARL C. HOFFPAUR, who duly sworn, deposes, and says that the Constable of Ward or District 5 and VERMILION Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2018, 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.

Earl C Hoffpaur
Signature of Constable

Sworn to and subscribed before me, this 9th day of March, 2019



Jennifer Hoffpaur
Notary I.D. #61212
State of Louisiana
Parish of Vermilion
Commission expires upon death

Jennifer Hoffpaur ID#61212
NOTARY PUBLIC SIGNATURE & SEAL
Jennifer Hoffpaur

| For Office Use Only: | Please Complete this Section: |
|---|--|
| Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be 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. MAR 27 2019 Release Date | Constable's Name <u>EARL C. HOFFPAUR</u> |
| | Address <u>1533</u> |
| | City, Zip Code <u>RAYNE 70570</u> |
| | Email Address |
| | Cell Phone <u>523-5024</u> |
| | Land/Fax No. |

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

EARL C HOFFMAN (Constable Name)
Dezmitia Parish Constable
 of Ward or District 5
RAYNE (City) Louisiana

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2018

| | <u>General Fund</u> | <u>Garnishment Fund Activity</u> |
|--|---------------------------|--------------------------------------|
| <u>CASH RECEIPTS:</u> | | |
| 1. State & Parish salary (See <i>Constable W-2 Form, Box 1</i>) | <u>1,6420.00</u> | |
| 2. Fees collected (if collected) (include litter court fees) | <u>2.</u> | |
| 3. Garnishments collected (If applicable) | | 3. <u>0</u> |
| 4. Other _____ | <u>4.</u> | |
| 5. Total cash receipts. Add lines 1 through 4 | <u>5. <u>6420.00</u></u> | |
| <u>CASH DISBURSEMENTS:</u> | | |
| 6. Cost of equipment purchased (fax machine, etc.) | <u>6.</u> | |
| 7. Materials and supplies (stationery, postage, etc.) | <u>7.</u> | |
| 8. Travel and other charges | | |
| 8a. For yourself | <u>8a</u> | |
| 8b. For employees (If applicable) | <u>8b</u> | |
| 9. Other operating expenses (rent, utilities, phone/fax line, etc.) | <u>9</u> | |
| 10. Garnishments paid to others [From total collections on Line 3] | | 10. <u>- 0 -</u> |
| 11. Total disbursements (add lines 6-10) | <u>11. <u>0</u></u> | |
| 12. Balance Available (loss) for payment of salaries (General Fund: Line 5 less Line 11; Garnishment Fund Activity: Line 3 less Line 10) | <u>12. <u>6420.00</u></u> | <u>12. <u>0</u></u> |
| Salary and related benefits: | | |
| 13. Amount retained by yourself from line 12 (copy to line 1, Statement C) | <u>13. <u>6420.00</u></u> | <u>13. <u>0</u></u> |
| 14. Amount paid to employees (if applicable) | <u>14. <u>0</u></u> | <u>14. <u>0</u></u> |
| 15. Total salaries paid (add lines 13 and 14) | <u>15. <u>6420.00</u></u> | <u>15. <u>0</u></u> |
| <u>FUND BALANCE**</u> | | |
| 16. Increase (decrease) in fund balance, may be \$0 (line 12 less line 15) | <u>16. <u>0</u></u> | <u>16. <u>0</u></u> |
| 17. Fund Balance at beginning of the year, may be \$0 (Ending Fund balance from last year's report) | <u>17. <u>0</u></u> | <u>17. <u>0</u></u> |
| 18. Fund balance (deficit) at end of the year, may be \$0 (Add lines 16 and 17) | <u>18. <u>0</u></u> | <u>18. <u>0</u></u> |

****Fund Balance = Amount Received minus Amount Spent. If lines 16 - 18 are zero, go to statement C, page 5.**

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EARL C HOFF PAUL (Constable Name)
Deerfield Parish Constable
 of Ward or District _____
Rayne (City) Louisiana

Balance Sheet, on December 31, 2018

| | General Fund | Garnishment Fund (if applicable) | Total |
|--|-----------------|--|--------------|
| | _____ | _____ | _____ |
| ASSETS: | | | |
| 1. Cash | 1. _____ | _____ | 1. _____ |
| 2. Investments | 2. _____ | _____ | 2. _____ |
| 3. Office furnishings (Cost of desks, etc.) | 3. _____ | _____ | 3. _____ |
| 4. Equipment (Cost of fax machine, etc.) | 4. _____ | _____ | 4. _____ |
| 5. Total Assets (add lines 1 - 4) | 5. <u>0</u> | 5. <u>0</u> | 5. <u>0</u> |
| LIABILITIES AND FUND BALANCE: | | | |
| Liabilities: | | | |
| 6. Cash overdraft | 6. _____ | _____ | 6. _____ |
| 7. Garnishments due to others | _____ | 7. _____ | 7. _____ |
| 8. Other liabilities | 8. _____ | _____ | 8. _____ |
| 9. Total Liabilities (add lines 6 - 8) | 9. <u>0</u> | 9. <u>0</u> | 9. <u>0</u> |
| Fund Balances: | | | |
| 10. Ending Fund balance (from line 18, Statement A) | 10. _____ | 10. _____ | 10. _____ |
| 11. Other - | 11. _____ | _____ | 11. _____ |
| 12. Total Liabilities and Fund Balance (add lines 9 - 11) | 12. <u>0</u> | 12. <u>0</u> | 12. <u>0</u> |

**Note: Line 5 (Total Assets) should equal Line 12 (Total Liabilities and Fund Balance)
 Statement B Is Completed If You Have a Balance Remaining On Line 18 Of Statement A**

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EARL C HOFFMAN (Constable Name)
DE MILION Parish Constable
of Ward or District _____
RAYNE (City) Louisiana

**Schedule of Compensation, Benefits and Other Payments to the Constable
For the 12 Months Ended December 31, _____**

| Purpose | Dollar Amount |
|---|---------------|
| 1. Salary (Enter total of both columns from line 13, Statement A) | 1. 6420.00 |
| 2. Benefits-insurance | 2. 0 |
| 3. Benefits-retirement | 3. 0 |
| 4. Benefits-other (describe) | 4. - |
| 5. Benefits-other (describe) | 5. - |
| 6. Benefits-other (describe) | 6. - |
| 7. Car allowance | 7. - |
| 8. Vehicle provided by government (if reported on form W-2) | 8. 0 |
| 9. Per diem | 9. |
| 10. Reimbursements** | 10. |
| 11. Travel | 11. 85.60 |
| 12. Registration fees** | 12. 185.00 |
| 13. Conference travel | 13. |
| 14. Housing | 14. 207.90 |
| 15. Unvouchered expenses | 15. |
| 16. Special meals | 16. 42.69 |
| 17. Other | 17. |
| 18. TOTAL (enter total of lines 1-17) PAID | 18. 500.00 |

**Line 10: If you attended JPC Training Conference during the year being reported, add total reimbursements paid by your parish for hotel, meals, mileage, etc.

Line 12: Registration fees for the conference paid by your parish.

Lines 10 and 12 will be zero if you did NOT attend the conference.