| Ward or District (City, Parish) Louisiana |
|---|
| TRANSMITTAL LETTER |
| ANNUAL FINANCIAL STATEMENTS |
| (Date) 2-15-20 |
| Ms. Gayle Fransen Engagement Manager Office of Legislative Auditor 1600 North Third Street (70802) P.O. Box 94397 Baton Rouge, LA 70804-9397 Dear Ms. Fransen: |
| In accordance with Louisiana Revised Statute 24:513, enclosed are my notarized affidavit, and financial statements as of and for the year ended December 31, 2019, or for the partial year beginning on and ending on The financial statements include all funds under the control and oversight of the court and have been prepared on the cash basis of accounting. |
| Sincerely, |
| |

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

of Ward or District ______ (City) Louisiana

Financial Statements
As of and for the Year December 31, 2019

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.

| AFF | IDAVIT |
|---|--|
| (E) ME, who, duly sworn | undersigned authority, Constable (your name), deposes and says that the financial statements |
| herewith given present fairly the financial pos | |
| Louisiana, as of December 31, 2019, and the | results of operations for the year then ended, on |
| the cash basis of accounting. | |
| | , who duly sworn, deposes, and says and |
| Sworn to and subscribed before me, this <u>A</u> day | Signature of Constable y of FEb , 20 C SIGNATURE & SEAL |
| For Office Use Only: | Please Complete this Section: |
| 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. | Constable's Name Address City, Zip Code Email Address Cell Phone Land/Fax No. |

| Statement | A |
|-----------|----|
| (Require | d) |
| Page | 3 |

| | General Fund | Garnishment Fund Activity |
|---|---------------------------------------|------------------------------|
| CASH RECEIPTS: 1. State & Parish salary (See Constable W-2 Form, Box 1) 2. Fees collected (if collected) (include litter court fees) 3. Garnishments collected (If applicable) 4. Other | 1. 2400° 2. 4.2450° 5.4850°C | 9 <u>3. Q</u> |
| CASH DISBURSEMENTS: | | |
| Cost of equipment purchased (fax machine, etc.) Materials and supplies (stationery, postage, etc.) | 6. 7 5000 | |
| 3. Travel and other charges | 1. 700 | |
| 8a. For yourself | 8a 245000 |) |
| 8b. For employees (If applicable) | 8b | |
| Other operating expenses (rent, utilities, phone/fax line, etc.) | 9 45000 | |
| 0. Garnishments paid to others [From total collections on Line 3] | 1 | 10. |
| 1. Total disbursements (add lines 6-10) | 11.2950 | |
| 2. Balance Available (loss) for payment of salaries | 00 |) |
| General Fund: Line 5 less Line 11; | 127 4061 | 12 |
| Garnishment Fund Activity: Line 3 less Line 10) | 12.201 | 12. |
| Salary and related benefits: | 10 OF | 2 |
| 3. Amount retained by yourself from line 12 (copy to line 1,Statement C) | 13.2400 | 13. |
| 4. Amount paid to employees (if applicable) | 14. | 14. |
| 5. Total salaries paid (add lines 13 and 14) | 15240000 | 15. |
| UND BALANCE** | • | |
| 6. Increase (decrease) in fund balance, may be \$0 | 0 | |
| (line 12 less line 15) | 16. | 16. |
| Fund Balance at beginning of the year, may be \$0 (Ending Fund balance from last year's report) | 17. <i>D</i> | 17. |
| 8. Fund balance (deficit) at end of the year, may be \$0 | 11. | 17. |
| (Add lines 16 and 17) | 18. | 18. |

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

| | (Constable Name) |
|------------------------------|---------------------------|
| Parish Const | table |
| of Ward or District | |
| | _ (City) Louisiana |
| Balance Sheet, on December : | 31. |

| | General Fund | Garnishment Fund (if applicable) | Total |
|--|-----------------|--|-------|
| ASSETS: | | | |
| 1. Cash | 1. | | 1. |
| 2. Investments | 2. | | 2. |
| Office furnishings (Cost of desks, etc.) | 3. | | 3. |
| Equipment (Cost of fax machine, etc.) | 4. | | 4. |
| 5. Total Assets (add lines 1 - 4) LIABILITIES AND FUND BALANCE: | 5. | | 5. |
| 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. | 9. | 9. |
| Fund Balances: | | | 1 |
| 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. | 12. | 12. |

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

Statement C (Required) Page 5

| LED CHIE | (Constable Name |
|------------------------|--------------------|
| Right Parish Constable | |
| of Ward or District | |
| P. Mulita | _ (City) Louisiana |
| 10 m | |

Schedule of Compensation, Benefits and Other Payments to the Constable For the 12 Months Ended December 31, 200

| Purpose | Dollar Amount |
|--|---------------|
| Salary (Enter total of both columns from line 13, Statement A) | 1. 2400 % |
| 2. Benefits-insurance | 2. 0 |
| 3. Benefits-retirement | 3. |
| 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. |
| 9. Per diem | 9. |
| 10. Reimbursements** | 10. |
| 11. Travel | 11. |
| 12. Registration fees** | 12. |
| 13. Conference travel | 13. |
| 14. Housing | 14. |
| 15. Unvouchered expenses | 15. |
| 16. Special meals | 16. |
| 17. Other | 17. |
| 18. TOTAL (enter total of lines 1-17) | 18. |

^{**}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.

Revised: 2/5/2018

Leo Lyle Ir.

Ríchland Parish Constable Ward No. 2 141 Bruce Thomas Rd. Rayville, La 71269 (318) 805-3087