ST. SAMES Parish Constable of Ward or District (City) Louisiana

Financial Statements 3,016 As of and for the Year December 31,016

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)  $\underline{KennBWALKEn}$ , who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of  $\underline{ST}$ . Stames Parish, Louisiana, as of December 31, 2016, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) <u>KENNBWACKEN</u>, who duly sworn, deposes, and says that the Constable of Ward or District <u>1</u> and <u>ST. SAMES</u> Parish received \$200,000 or less in revenues and other sources for the year ended December 31, <u>2016</u>, 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.

Sworn to and subscribed before me, this 29 day of \_\_\_\_\_\_\_, 20 TIFFANY S. HANNA Notary Public Notary ID No. 141969 Tangipahoa Parish, Lowising RY PUBLIC SIGNATURE & SEAL

| 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.<br>APR 1 9 2017<br>Release Date | Constable's Name<br>Address<br>City, Zip Code<br>Ph: Cell / Land<br>Fax Number<br>Email Address |

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

(Constable Name) **Parish Constable** of Ward or District SNAMERCL (City) Louisiana

# Statement of Cash Receipts and Disbursements

For the Year Ended December 31, 2016

#### CASH RECEIPTS:

- 1. State & Parish salary (required, from W-2 Form)
- 2. Fees collected (if collected) (include litter court fees)
- 3. Garnishments collected (If applicable)
- 4. Other \_
- 5. Total cash receipts. Add lines 1 through 4

## CASH DISBURSEMENTS:

- 6. Cost of equipment purchased (fax machine, etc.) Repairs
- 7. Materials and supplies (stationery, postage, etc.)
- 8. Travel and other charges
  - 8a. For yourself
  - 8b. For employees (If applicable)
- 9. Other operating expenses (rent, utilities, phone/fax line, etc.)
- 10. Garnishments paid to others [From total collections on Line 3]

11. Total disbursements (add lines 6-10)

12. Balance Available (loss) for payment of salaries (General Fund: Line 5 less Line 11; Garnishment Fund Activity: Line 3 less Line 10)

Salary and related benefits:

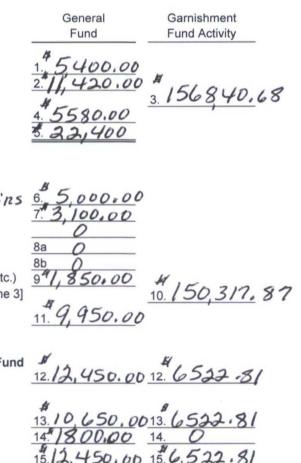
13. Amount retained by yourself from line 12 as salary

14. Amount paid to employees (if applicable)

15. Total salaries paid (add lines 13 and 14)

### FUND BALANCE

- 16. Increase (decrease) in fund balance, may be \$0 (line 12 less line 15)
- 17. Fund Balance at beginning of the year, may be \$0 (Ending Fund balance from last year's report)
- Fund balance (deficit) at end of the year, may be \$0 (Add lines 16 and 17)



| 16. | $\mathcal{D}$ | 16. D        |
|-----|---------------|--------------|
| 17. | 0             | 17. O        |
| 18. | 0             | 18. <i>O</i> |

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| KERRYB WALKER              | (Constable Name)   |
|----------------------------|--------------------|
| ST. SAMES Parish Constable |                    |
| of Ward or District        |                    |
| GRAMENCY                   | _ (City) Louisiana |

# Schedule of Compensation, Benefits and Other Payments to the Constable

| Purpose   | Dollar Amount |
|---|---------------|
| 1. Salary - Amount from line 1 of statement A               | 1.# 5400      |
| 2. Benefits-insurance                                       | 2.            |
| 3. Benefits-retirement                                      | 3.            |
| 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.            |
| 9. Per diem   | 9.            |
| 10. Reimbursements  | 10. 449,59    |
| 11. Travel  | 11.           |
| 12. Registration fees                                       | 12.           |
| 13. Conference travel                                       | 13.           |
| 14. Housing   | 14.           |
| 15. Unvouchered expenses (example: travel advances, etc.)   | 15.           |
| 16. Special meals   | 16.           |
| 17. Other   | 17.           |
| 18. TOTAL (enter total of lines 1-17)                       | 18. 5,849.59  |