

Avoyelles Parish Constable
of Ward or District ward-4
Messmer (City) Louisiana

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Financial Statements
As of and for the Year December 31, 2016

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) DALE LABORDE, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of avoyelles Parish, Louisiana, as of December 31, 16, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) Dale Laborde, who duly sworn, deposes, and says that the Constable of Ward or District ward-4 and avoyelles Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 16, 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.

Dale Laborde
Signature of Constable

Sworn to and subscribed before me, this 3rd day of March, 20 17

Gerald Roy
NOTARY PUBLIC SIGNATURE & SEAL SP-05-4

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.	Constable's Name <u>DALE LABORDE</u>
	Address <u>1932 HWY 114</u>
	City, Zip Code <u>Messmer, LA 71341</u>
	Ph: Cell / Land <u>318-717-1523</u>
	Fax Number _____
	Email Address _____
Release Date <u>APR 19 2017</u>	

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

DALE LABORDE (Constable Name)
Avoyelles Parish Constable
 of Ward or District ward-c
Hessmer (City) Louisiana

Statement of Cash Receipts and Disbursements
 For the Year Ended December 31, 2016

7.00
02

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

General Fund	Garnishment Fund Activity
1. <u>3575.00</u>	
2. <u>300.00</u>	
4. _____	3. _____
5. <u>3875.00</u>	

CASH DISBURSEMENTS:

- 6. Cost of equipment purchased (fax machine, etc.)
- 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)

6. <u>0-</u>	
7. <u>0-</u>	
8. <u>0-</u>	
8a. <u>0-</u>	
8b. <u>0-</u>	
9. <u>0</u>	
11. <u>0</u>	10. _____

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. _____
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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)

13. <u>0</u>	13. _____
14. <u>0</u>	14. _____
15. <u>0</u>	15. _____

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)
- 18. Fund balance (deficit) at end of the year, may be \$0 (Add lines 16 and 17)

16. <u>0</u>	16. _____
17. <u>0</u>	17. _____
18. <u>0</u>	18. _____

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DALE LABORDE (Constable Name)
Avoyelles Parish Constable
 of Ward/District Ward 4
Nessmen (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. 3575.00
2. Benefits-insurance	2. 0
3. Benefits-retirement	3. 0
4. Benefits-other (describe)	4. 0
5. Benefits-other (describe)	5. 0
6. Benefits-other (describe)	6. 0
7. Car allowance	7. 0
8. Vehicle provided by government (if reported on form W-2)	8. 0
9. Per diem	9. 0
10. Reimbursements	10. 0
11. Travel	11. 0
12. Registration fees	12. 0
13. Conference travel	13. 0
14. Housing	14. 0
15. Unvouchered expenses (example: travel advances, etc.)	15. 0
16. Special meals	16. 0
17. Other	17. 0
18. TOTAL (enter total of lines 1-17)	18. 0

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