of Ward or Distric	t(City) Louisiana
	Statements ar December 31, 2016
be filed with the	Legislative Auditor le close of the fiscal year.
AFF	IDAVIT
herewith given present fairly the financial pos	undersigned authority, Constable (your name) deposes and says that the financial statements sition of the Court of <u>Franklin</u> Parish, results of operations for the year then ended, on
In addition, (your name) GIVNN R. DA that the Constable of Ward or District 3 received \$200,000 or less in revenues	and flanklin Parish and other sources for the year ended
December 31, 2016, and accordingly, is requ	uired to provide a swom financial statement and
	audit, review/attestation, or compilation report for
the previously mentioned fiscal year.	
	Signature of Constable Armstrong Constable Commission Commission
For Office Use Only: Under provisions of state law, this report will become a public	Please Complete this Section: Constable's Name
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. APR 1 9 2017	Address City, Zip Code Ph: Cell / Land Fax Number Email Address

__Parish Constable

Revised: 1/1 1/2017

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

Statement A Page 3

Plank III		
of Ward or District		
(City) Louisiana		
Statement of Cash Receipts and Disbursements		
For the Year Ended December 31, 2016		
	General	Garnishment
	Fund	Fund Activity
CASH RECEIPTS:	1 41.4	- uno recurry
State & Parish salary (required, from W-2 Form)	1. 2/00	
Fees collected (if collected) (Include litter court fees)	2 6	
Gamishments collected (If applicable)	2.	3. O
4. Other	4. NA	<u>. </u>
5. Total cash receipts. Add lines 1 through 4	5. 2100	
o. read etterries rate into a money.	J. 2/00	
CASH DISBURSEMENTS:		
Cost of equipment purchased (fax machine, etc.)	a A	
Materials and supplies (stationery, postage, etc.)	6. 6	
8. Travel and other charges	1. 0	
8a. For yourself	en 4	
8b. For employees (If applicable)	8a 6 8b	
9. Other operating expenses (rent, utilities, phone/fax line, etc.) 9.	9	
10. Garnishments paid to others [From total collections on Line 3]	3 0	
to. Samisimienta para to otnera [i form total conections on Line of		10.
11. Total disbursements (add lines 6-10)	<u>11.</u> Θ	
12. Balance Available (loss) for payment of salaries		
(General Fund: Line 5 less Line 11; Garnishment Fund Activity: Line 3 less Line 10)	12. 2/00	12. 2100
Activity. Line 3 less Line 10)	12. 05 100	12. 0/00
Salary and related benefits:		
13. Amount retained by yourself from line 12 as salary	13. 2/00	13. 2100
14. Amount paid to employees (if applicable)	14.	14. O
15. Total calories paid (add lines 13 and 14)	15. 2100	15. 2100
15. Total salaries paid (add lines 13 and 14)	15. 01/00	13. 2700
FUND BALANCE		
16. Increase (decrease) in fund balance, may be \$0		
(line 12 less line 15)	16.	16.
17. Fund Balance at beginning of the year, may be \$0	17 0	
(Ending Fund balance from last year's report) 18. Fund balance (deficit) at end of the year, may be \$0	17.	17.
(Add lines 16 and 17)	18.	18.
Y		

(Constable Name)

GlyNN R. DAY

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Revised: 1/11/2017

of Ward or District3 (City) Louisiana Balance Sheet, on December 31, 2016		
Balance Sheet, on December 31, AUTO		
		*
	Genetal Fund	Gamishment Fund Total (if applicable)
ASSETS: 1. Cash 2. Investments 3. Office fumishings (Cost of desks, etc.) 4. Equipment (Cost of fax machine, etc.)	1. 2 2. 3. 4. 0	1. 2 2. 4 3. 4 4. 6
5. Total Assets (add lines 1 - 4)	5. A	5. A 5. O
LIABILITIES AND FUND BALANCE: Liabilities:		
 6. Cash overdraft 7. Garnishments due to others 8. Other liabilities 9. Total Liabilities (add lines 6 - 8) 	6. () 8. () 9. ()	7. D 7. D 8. D 9. D
Fund Polonoop		

(Constable Name)

Note: Line 5 (Total Assets) should equal Line 12 (Total Liabilities and Fund Balance)

10. Ending Fund balance

(add lines 9 - 11)

11. Other -

(from line 18, Statement A)

12. Total Liabilities and Fund Balance

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Revised: 1/11/2017

Statement C Page 5

Glynn R. Day Franklin Parish Constable	(Constable Name)
Franklin Parish Constable	
of Ward or District 3	
Winn boro	(City) Louisiana

Schedule of Compensation, Benefits and Other Payments to the Constable

Purpose	Dollar Amount
Salary - Amount from line 1 of statement A	1. 2100.00
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. \$85.00
11. Travel	11.
12. Registration fees	12. \$ 27000
13. Conference travel	13. \$ /00
14. Housing	14. \$250
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of lines 1-17)	18. 2905

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Revised: 1/11/2017