

Constable - Sworn Financial Statement

Name: Paul Lagraize
Ward/District: 1,5,6 Parish: Lafourche
Physical Address: 149 Persimmon Drive, Thibodaux, LA 70301
Telephone: 985-859-6772 Email: P4LAGRAIZE@hotmail.com
This annual sworn financial statement is required to be filed by March 31 with the Legislative Auditor by sending a pdf copy by email to <u>ereports@lla.la.gov</u> , by fax to 225-339-3986 or by mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.
AFFIDAVIT
Personally came and appeared before the undersigned authority, Constable (your name) Paul Lagraize, who, duly sworn, deposes and says that the financial statement herewith given presents fairly the financial position of the Court of Lafourche Parish, Louisiana, as of December 31, 2023, and the results of operations for the year then ended, on
the cash basis of accounting.
In addition, (your name) Paul Lagraize, who, duly sworn, deposes and says that the Constable of Ward/District, Parish of Lafourche received \$200,000 or less in revenues and other
sources for the year ended December 31, 2023 , and accordingly, is required to
provide a sworn financial statement and affidavit and is not required to provide
for a compilation report for the previously mentioned fiscal year. Alf Angle CONSTABLE SIGNATURE
Sworn to and subscribed before me, this 6th day of Mond OFFICIAL SEAL DESIREA D. RODRIGUE NOTARY PUBLIC SIGNATURE OFFICIAL SEAL DESIREA D. RODRIGUE NOTARY ID # 153543 STATE OF LOUISIANA PARISH OF LAFOURCHE My Commission is for Life



Constable - Sworn Financial Statement/Compensation Schedule

Year: 2023	Name: Paul Lagraize	Ward/District: 1	,5,6	Parish:	Lafou	rche
Enter the amount	emental Report t of your State/Parish Salary from Constab t (do NOT send your W-2 form to the Leg		Amo Gene			Amount <u>Garnishments</u>
		Jisiative Auditor)	15			
If you collected any garnishments, enter the amount				355.00		
If you collected any other fees as constable, enter the amount						
If your JP collected any fees for you and paid them to you, enter the amount						
	conference fees directly to the Attorney G nt the parish pald	eneral for you,	_			
	rence fees to the Attorney General and you or reimbursed for conference-related trave nt reimbursed		-	-		
If you collected as unvouchered ex	ny other receipts as constable, (e.g., bene penses, per diem) describe them and ente	fits, housing, r the amount				
Type of rec	ceipt		8-			
Type of rec	ceipt	=======================================	-	-		
you paid to othe If you have emplo	oyees, enter the amount you paid them in	salary/benefits	_	-		
If you had any tra enter the amour	avel expenses as constable (including travent nt paid	el that was reimbursed),			
If you had any off the amount paid	fice expenses such as rent, utilities, supplic i	es, etc., enter	:=	-		
If you had any oth	her expenses as constable, describe them	and enter the amount				
Type of exp	pense		-			
Type of exp	pense		-			
remaining cash is	nds e any cash left over after paying the expen normally kept by the constable as his/her t you do NOT consider to be your salary, p	salary. If you have				
Constables norma associated with th	Receivables, Debt or Other Disclos Illy do not have fixed assets, receivables, deir Constable office. If you do have fixed as required by state or federal regulations,	lebt, or other disclosur assets, receivables, de	bt,			