| Constable _ | | | | | |
|------------------|-----|-----------|--|--|--|
| of Ward/District | 714 | | | | |
| ANGIE | | Louisiana | | | |

Financial Statements
As of and for the Year Ended December 31, 2004

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.

| AFFI | IDAVIT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| David Scort , who, duly sworn, herewith given present fairly the financial pos | undersigned authority, <u>Constable</u> (your name), deposes and says that the financial statements sition of the Court ofParish, results of operations for the year then ended, on |
| that the Constable of Ward/District 74 received \$200,000 or less in revenues | when and was hington Parish and other sources for the year ended quired to have an audit or a review/attestation for Signature |
| Sworn to and subscribed before me, this | day of <u>F&B</u> , 20 <u>05</u> |
| Constable's Name Street or P.O. Box City Zip Code Inder provisions of state law, this elephoner Number ocument. A copy of the report has Axribumited to re entity and other appropriate public officials. The report is available for public inspection at the Baton ouge office of the Legislative Auditor and, where oppropriate, at the office of the parish clerk of court. | Please Complete this Section: Divid Scott 29438 Sinsley Rd Ansie 70426 185-986-2837 |

Release Date 3/2/05

| DAVID SCOTT | (Your Name) | | | |
|------------------------------------------------------------------------------|-------------|-----------------|---------------------------------------|-------------|
| Constable of Ward/District <u>ブ</u> | | | | |
| ANGIE , Louisiana | | | | |
| Balance Sheet, on December 31, 2004 | 1 | | | |
| | | General Fund | Gamishment Fund (if applicable) | Total |
| ASSETS: | | | | |
| Cash and cash equivalents on hand | | <u> </u> | | -0- |
| Investments (fair value) on hand | | 525 | - | 525 |
| Office furnishings (Cost of desks, etc) Equipment (Cost of fax machine, etc) | | | . | |
| Equipment (Cost of lax machine, etc) | | | - | |
| Total Assets | | 525 | = ************ | 525 |
| LIABILITIES AND FUND BALANCE: | | | | |
| Liabilities: | | | | |
| Cash overdraft | | | | |
| Garnishments due to others | | | - | |
| Other liabilities | | | | |
| Total Liabilities | | | | -0- |
| **Fund balance | | 525 | | 525 |
| Total Liabilities and Fund Balance | | 525 | | 525 |
| | | | | |

PREPARE STATEMENT A ONLY IF YOU HAVE MONEY CARRIED OVER FROM PRIOR OR CURRENT YEAR.

**This amount should agree with the fund balance at the end of the year on Statement B

| of Ward/District | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|------------------------------------|
| , Louisiana | | | |
| Statement of Cash Receipts and Disbursemer For the Year Ended December 31, 2004 | nts | | |
| CASH RECEIPTS: 1. State salary supplement received (required if received) 2. Parish salary received (required) 3. Garnishments collected (if applicable) 4. Fees collected (if collected) | - - - - | General Fund 900 3600 | Gamishment Fund (if applicable) |
| Total cash réceipts | A _ | 4500 | |
| OFFICE DISBURSEMENTS: 5. Other operating services (cost of fax line, etc) - buss 6. Materials and supplies (stationery, postage, etc) Legal 7. Travel and other charges For yourself - Auro Eyp. For employees (if applicable) 8. Capital outlay (cost of purchases of equipment, etc) 9. Garnishments paid to others (if total included in No. 3) Total office disbursements | - - - B _ | 1875 1950 | |
| Available for salaries (A less B) 10. Salary and related benefits: Amount retained by yourself, as salary Amount paid to employees (if applicable) | _ | 2550 | |
| Total salaries paid | c _ | 2550 | |
| Increase or (decrease) in fund balance (A less B less C) Fund Balance at the beginning of the year | D E | 525 | |
| Fund balance (deficit) at end of the year (D plus E) | F _ | 525 | · ——— |

____(Your Name)

E This is the amount of the fund balance at the end of the prior year (see your copy of last years report)