

Constable – Sworn Financial Statement

Name: Benji Owens
Ward/District: _ 9 Parish: <u>Ouachita</u>
Physical Address: 222 Owens Road West Monroe LA 71292
Telephone: (318) 388-4506 Email: benjifowens @ gmail.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) Benji Dwens, who, duly sworn, deposes and					
says that the financial statement herewith given presents fairly the financial					
position of the Court of Onachita Parish, Louisiana, as of					
December 31, 2022 , and the results of operations for the year then ended, on					
the cash basis of accounting.					
In addition, (your name), <u>Benji Dwens</u> who duly sworn,					
deposes, and says that the Constable of Ward/District $\9$ Parish of					
Duachita received \$200,000 or less in revenues and other					
sources for the year ended December 31, 2022, and accordingly, is required to					
provide a sworn financial statement and affidavit and is not required to provide					

CONSTABLE SIGNATURE

NOTARY

/PUBLIC SIGNATURE

St day of March, 2023. Sworn to and subscribed before me, this _

Under provisions of state law, this report is a public document. A copy of this report will be submitted to the Governor, to the Attorney General, and to other public officials as required by state law. A copy of this report will be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and online at www.lla.la.gov. Revised: 01/2023



Constable - Sworn Financial Statement/Compensation Schedule

Name:	Benji Owens Ward/District: 9	Parish: <u>Du</u>	achita
		Amount General	Amount Garnishments
Receipts	Supplemental Report	ocheral	odifiisiifients
Enter the	amount of your State/Parish Salary from Constable rm, Box 1 (do NOT send your W-2 form to the Legislative Auditor)	4985.50	K
If you co	llected any garnishments, enter the amount		-0
If you co	lected any other fees as constable, enter the amount		
If your JI	collected any fees for you and paid them to you, enter the amount	-	
	rish paid conference fees directly to the Attorney General for you, le amount the parish paid		
for ther	id conference fees to the Attorney General and you were reimbursed n (and/or reimbursed for conference-related travel expenses, e amount reimbursed		
	lected any other receipts as constable (e.g., benefits, housing, nered expenses, per diem), describe them and enter the amount		
Ту	pe of receipt		
Ty	pe of receipt		
you pai If you ha If you ha	lected any garnishments, enter the amount of garnishments d to others ve employees, enter the amount you paid them in salary/benefits d any travel expenses as constable (including travel that was reimbursed) e amount paid		
	d any office expenses such as rent, utilities, supplies, etc., enter ount paid		
If you ha	d any other expenses as constable, describe them and enter the amount		
Ту	pe of expense		
Ту	pe of expense		
If consta remainin	ing Funds bles have any cash left over after paying the expenses above, the g cash is normally kept by the constable as his/her salary. If you have over that you do NOT consider to be your salary, please describe below.		
Constable associate	ssets, Receivables, Debt or Other Disclosures es normally do not have fixed assets, receivables, debt, or other disclosure d with their Constable office. If you do have fixed assets, receivables, deb disclosures required by state or federal regulations, please describe below.	ot,	