## Justice of the Peace – Sworn Financial Statement

Name: Vernon EBostick Parish: Morehouse Ward/District: 5 Physical Address: 7266 Bayon Dr. Sterlington No. 71280 Telephone: 318-267-6117 Email: Bostick batch @ G. mail. 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> or 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, Justice of the Peace (your name) <u>Vernon E Bost</u>, who, duly sworn, deposes and says that the financial statements herewith given presents fairly the financial position of the Court of <u>Morchowse</u> Parish, Louisiana, as of December 31, 2017, and the results of operations for the year then ended, on the cash basis of accounting.

| In addition, (your name) Vernon E Bostick, who duly sworn, deposes, and says                   | s |
|--|---|
| that the Justice of the Peace of Ward or District Ware 5 and Morehous                          | e |
| Parish received \$200,000 or less in revenues and other sources for the year ended December 31 | , |
| 2017, and accordingly, is required to provide a sworn financial statement and affidavit and is | s |
| not required to provide for a compilation report for the previously mentioned fiscal year.     |   |

| Sworn to and sub-<br>state of LOUISIANA<br>My Commission Excircs with |                   | of <u>Ma</u> | rch                  | , <u>20 <b>22</b></u> |
|---|-------------------|--------------|----------------------|-----------------------|
| NOTARY PUBLIC SIGNATURE & SEAL  | Sol - Contraction |              | the Free Contraction |                       |

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.

# Justice of the Peace - Sworn Financial Statement/Compensation Schedule

#### **Receipts/Supplemental Report**

Year: 2017; JP Name / Parish: Morehouse Ward 5 Vernon E Bostick

Enter the amount of your State/Parish Salary from JP W-2 Form, Box 1 (do NOT send your W-2 form to the Legislative Auditor).

If you collected any fees as JP, enter the amount.

If the parish paid conference fees directly to the Attorney General for you, enter the amount the parish paid.

If you paid conference fees to the Attorney General and you were reimbursed for them (and/or reimbursed for conference-related travel expenses), enter the amount reimbursed.

If you collected any other receipts as JP (e.g., benefits, housing, unvouchered expenses, per diem), describe them and gnter the amount:

| Type of receipt _ | None |
|-------------------|------|
| Type of receipt _ | None |

#### **Expenses**

If you paid any fees you collected to your constable, enter the amount paid.

If you have employees (not your constable), enter the amount you paid them in salary/benefits. If you had any travel expenses as JP (including travel that was reimbursed), enter the amount paid.

If you had any office expenses such as rent, utilities, supplies, etc., enter the amount paid. If you had any other expenses as JP, describe them and enter the amount:

| Type of expense | None |
|-----------------|------|
| Type of expense | MC   |

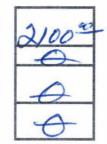
#### **Remaining Funds**

If JPs have any cash left over after paying the expenses above, the remaining cash is normally kept by the JP as his/her salary. If you have cash left over that you do NOT consider to be your salary, please describe below.

#### Fixed Assets, Receivables, Debt, or Other Disclosures

JPs normally do not have fixed assets, receivables, debt, or other disclosures associated with their JP office. If you do have fixed assets, receivables, debt, or other disclosures required by state or federal regulations, please describe below.

Amount







| - | 1 | 5  |   |
|---|---|----|---|
| _ | 2 | -  |   |
| - | 1 | >  | - |
|   | - | \$ | P |

