

## **Constable - Sworn Financial Statement**

Name: Robert Holtzclaw
Ward/District: one Parish: Ouachita
Physical Address: 123 Bartholowmew Dr. Stelington La. 71260
Telephone: 318-801-1157 Email: opconstable1@yahoo.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) Robert Holtzclaw, who, duly sworn, deposes and says that the financial statement herewith given presents fairly the financial position of the Court of Ouachita 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) Robert Holtzclaw , who, duly sworn,
deposes and says that the Constable of Ward/District <u>one</u> Parish of Ouachita 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.
<b>∕</b> ONSTABLE SIGNATURE
Sworm to and subscribed before me, this 6 day of March , 2024.  NOTARY PUBLIC SIGNATURE

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 noline at www.lla.la.gov.

Revised: 03/2023



## Constable - Sworn Financial Statement/Compensation Schedule

Year: 2023 Name: Robert Ho	oltzclaw Ward/District: _	one <sub>Parish</sub> : Oua	<u>chita</u>
Receipts/Supplemental Report Enter the amount of your State/Parish Sa	alary from Constable	Amount General	Amount <u>Garnishments</u>
W-2 Form, Box 1 (do <b>NOT</b> send your V If you collected any garnishments, enter If you collected any other fees as constal If your JP collected any fees for you and If the parish paid conference fees directly enter the amount the parish paid If you paid conference fees to the Attorn for them, (and/or reimbursed for conference the amount reimbursed If you collected any other receipts as con- unvouchered expenses, per diem) descriptions.	V-2 form to the Legislative Auditor) the amount ble, enter the amount paid them to you, enter the amount y to the Attorney General for you, ey General and you were reimbursed rence-related travel expenses) instable, (e.g., benefits, housing,	\$ 5,749.78 \$ 640.00 16,400.00 \$ 150.00 \$ 523.42	5 1,200.00
Expenses  If you collected any garnishments, enter you paid to others  If you have employees, enter the amount for you had any travel expenses as constant enter the amount paid	it you paid them in salary/benefits	d),	\$ 1,128.00
If you had any office expenses such as re the amount paid			
If you had any other expenses as consta Type of expense <u>liability insu</u>		\$ 469.40	
Type of expense			
Remaining Funds If constables have any cash left over after remaining cash is normally kept by the coash left over that you do NOT consider to NOT constable to NOT consider to NOT constable to NOT consider to N	onstable as his/her salary. If you have to be your salary, please describe below.  or Other Disclosures ssets, receivables, debt, or other disclosures you do have fixed assets, receivables, debt, or other disclosures.	- - I <b>re</b> s lebt,	
or other disclosures required by state or <b>NONE</b>	federal regulations, please describe belo	w. -	
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	Revised 03/2023		