St, John the BAPTIST Parish Constable

Ward or District _____

Edg Ard (City, Parish) Louisiana

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LEGISLATIVE AUDITOR

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) March 28, 2018

Ms. Gayle Fransen
Engagement Manager
Office of Legislative Auditor
1600 North Third Street (70802)
P.O. Box 94397
Baton Rouge, LA 70804-9397

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are my notarized affidavit, and financial statements as of and for the year ended December 31, 2017, or for the partial year beginning on <u>January 1, 2017</u> and ending on <u>December 31, 2017</u>. The financial statements include all funds under the control and oversight of the court and have been prepared on the cash basis of accounting.

Sincerely,

Constable

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

Please return the completed form by March 31 to Louisiana Legislative Auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Revised: 2/5/2018

St, Johnshu BAPTIS	- Pa	rish Constable
of Ward or District	1	
Edgard	•	(City) Louisiana

Financial Statements
As of and for the Year December 31,2017

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.

AFI	FIDAVIT
hyper August, who, duly sworn	undersigned authority, Constable (your name) n, deposes and says that the financial statements esition of the Court of John the Baptist Parish,
	e results of operations for the year then ended, on
the cash basis of accounting.	
In addition, (your name) Chyrau Arthat the Constable of Ward or District	and JOHN the Byptist Parish
received \$200,000 or less in revenues	s and other sources for the year ended
December 31,, and accordingly, is req	uired to provide a sworn financial statement and
affidavit and is not required to provide for an	audit, review/attestation, or compilation report for
the previously mentioned fiscal year.	
<u>O</u>	Signature of Constable
Sworn to and subscribed before me, this $\frac{28}{2}$ da	1
Marie M. S. NOTARY PUBLI	C SIGNATURE & SEAL
For Office Use Only:	Please Complete this Section:
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the	Constable's Name Chyrau August Address City, Zip Code Chyrau August P. D. Bop 33 City, Zip Code Edgard 70049

Statement A
(Required)
Page 3

Chyran And	3UST (Constable Name)
5+ John the Bapt 57 Parish Co	onstable 1
Edgard	(City) Louisiana

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2017

	General Fund		ishment Activity
CASH RECEIPTS:			
 State & Parish salary (See Constable W-2 Form, Box 1) 	1.6,600.0	D	
Fees collected (if collected) (include litter court fees)	2. 1. 130.00)	QL.
Garnishments collected (If applicable)	, ,,	3.	8
4. Other	4.		
5. Total cash receipts. Add lines 1 through 4	5. 7,730.6	00	
CASH DISBURSEMENTS:			
6. Cost of equipment purchased (fax machine, etc.)	6.		
7. Materials and supplies (stationery, postage, etc.)	7.210.00		
8. Travel and other charges			
8a. For yourself	8a 560.00		
8b. For employees (If applicable)	8b &		
9. Other operating expenses (rent, utilities, phone/fax line, etc.)	9 360,00		
10. Garnishments paid to others [From total collections on Line 3]	-	10.	1
11. Total disbursements (add lines 6-10)	11. 1,130.0) ——	
12. Balance Available (loss) for payment of salaries			
(General Fund: Line 5 less Line 11;	12.6,600,0	12	A
Garnishment Fund Activity: Line 3 less Line 10)	12. 6,10000	· 12.	
Salary and related benefits:			
13. Amount retained by yourself from line 12 (copy to line 1, Statement C)	13.6,600.W	13.	B
14. Amount paid to employees (if applicable)	14.	14.	4
15. Total salaries paid (add lines 13 and 14)	15. 6, 600. W	15.	8-
FUND BALANCE**			
16. Increase (decrease) in fund balance, may be \$0	<i>a</i> -		
(line 12 less line 15)	16.	16.	0
17. Fund Balance at beginning of the year, may be \$0	17 8	47	0
(Ending Fund balance from last year's report) 18. Fund balance (deficit) at end of the year, may be \$0	17.	17.	
(Add lines 16 and 17)	18.	18.	8
V			

^{**}Fund Balance = Amount Received minus Amount Spent. If lines 16 - 18 are zero, go to statement C, page 5.

Chypare Aug	(Constable Name
St. John the BAPTST Parish C	
of Ward or District	1
EdgArd	(City) Louisiana
Balance Sheet, on Decem	ber 31. 2017

		General Fund	Garnishment Fund (if applicable)	Total
ASSETS:		1		
1. Cash	1.	+	_	1,
2. Investments	1. 2. 3.	+		2.
Office furnishings (Cost of desks, etc.)		8		3.
Equipment (Cost of fax machine, etc.).	4.	8		4.
5. Total Assets (add lines 1 - 4)	5.	0	5.	5.
LIABILITIES AND FUND BALANCE: Liabilities:				
6. Cash overdraft	6.	A		6.
7. Garnishments due to others		0	7.	7.
8. Other liabilities	8.	Ū		8.
9. Total Liabilities (add lines 6 - 8)	9.	0	9.	9.
Fund Balances:				
10. Ending Fund balance (from line 18, Statement A)	10.	8	10.	10.
11. Other -	11.	8-		11.
12. Total Liabilities and Fund Balance (add lines 9 - 11)	12.	8	12.	12.

Note: Line 5 (Total Assets) <u>should equal</u> Line 12 (Total Liabilities and Fund Balance) Statement B Is Completed If You Have a Balance Remaining On Line 18 Of Statement A

Revised: 2/5/2018

Chyrain F	M945 (Constable Name
St. John the Baymer Parish C	
Edgard	(City) Louisiana

Schedule of Compensation, Benefits and Other Payments to the Constable For the 12 Months Ended December 31, 2017

Purpose	Dollar Amount
1. Salary (Enter total of both columns from line 13, Statement A)	1.6.600.00
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4. 8-
5. Benefits-other (describe)	5. 8-
6. Benefits-other (describe)	6. 8
7. Car allowance	7. 9-
8. Vehicle provided by government (if reported on form W-2)	8. 8
9. Per diem	9. 8
10. Reimbursements**	10. 736.49
11. Travel	11. 560,00
12. Registration fees**	12. 185.00
13. Conference travel	13. 93.82
14. Housing	14. 311.85
15. Unvouchered expenses	15. 😝
16. Special meals	16. 107.82
17. Other JP Dues + ID 38,00, Supplies + Jeliphone	17. 608.00
17. Other JP Dues + ID 36.00; Supplies + Jeliphone 18. TOTAL (enter total of lines 1-17)	18.9, 202.98

^{**}Line 10: If you attended JPC Training Conference during the year being reported, add total reimbursements paid by your parish for hotel, meals, mileage, etc.

Line 12: Registration fees for the conference paid by your parish.

Lines 10 and 12 will be zero if you did NOT attend the conference.