

Constable - Sworn Financial Statement

Name: Todd Detillier LEGISLATIVE AUDIT	OR 47			
Ward/District: 3/2 Parish: Lafourche	_			
Physical Address: 143 Mireille Lane Raceland La.70394	_			
Telephone: 985-414-4222 Email: todddetillier@yahoo.com	_			
This annual sworn financial statement is required to be filed by March 31 with the Legislative Auditor sending a pdf copy by email to ereports@lla.la.gov , by fax to 225-339-3986 or by mailing Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 7089397.	to			
AFFIDAVIT				
Personally came and appeared before the undersigned authority, Constant (your name) Todd Detillier, who, duly sworn, deposes a says that the financial statement herewith given presents fairly the financial position of the Court of Lafourche Parish, Louisiana, as December 31,, and the results of operations for the year then ended the cash basis of accounting.	nd ial of OR			
In addition, (your name), Todd Detillier who duly sword deposes, and says that the Constable of Ward/District 3/2 Parish Lafourche received \$200,000 or less in revenues and oth sources for the year ended December 31, 2023, and accordingly, is required	of er			
for a compilation report for the previously mentioned fiscal year. CONSTABLE SIGNATURE	Mary U. Forest 14899 Mary Public Lassaurche Parish, Louisiana			
Sworn to and subscribed before me, this $\frac{27}{M}$ day of $\frac{MARCL}{MOTARY PURMIC SIGNATURE}$	•			

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 online at www.lla.la.gov.

Revised: 01/2023



Constable - Sworn Financial Statement/Compensation Schedule

Name:	Todd Detillier	Ward/District: <u>3/2</u>	Parish: Lafourche	
Dansinta	(Complemental Bornet		Amount General	Amount Garnishments
Enter the	Supplemental Report amount of your State/Parish Surm, Box 1 (do NOT send your	Salary from Constable W-2 form to the Legislative Auditor)	\$ 9,441.90	
If you col	llected any garnishments, ente	r the amount		Andrews Area and Area and Area and Area
If you col	llected any other fees as consta	able, enter the amount	\$ 210.00	
If your JP	collected any fees for you and	paid them to you, enter the amount	\$ 2,100.00	
	rish paid conference fees direct te amount the parish paid	ly to the Attorney General for you,	\$ 0.00	
for then	id conference fees to the Attorr n (and/or reimbursed for confe ne amount reimbursed	ney General and you were reimbursed rence-related travel expenses,	\$ 150.00	
		nstable (e.g., benefits, housing, scribe them and enter the amount		
Tv	no of receipt		\$ 0.00	
1 9	pe of receipt		\$ 0.00	
Ту	pe of receipt		\$ 0.00	
If you had If you had enter th If you had the amo	d any travel expenses as const e amount paid d any office expenses such as r ount paid	nt you paid them in salary/benefits able (including travel that was reimbursed), rent, utilities, supplies, etc., enter able, describe them and enter the amount	\$ 0.00	
			£ 0 500 00	
		ses fuel tires service	\$ 3,500.00	
Туј	pe of expense office expe	enses donations	\$ 550.00	
If constate remaining	cash is normally kept by the	er paying the expenses above, the constable as his/her salary. If you have to be your salary, please describe below.		
Constable associated	d with their Constable office. I	or Other Disclosures ssets, receivables, debt, or other disclosures f you do have fixed assets, receivables, debt, federal regulations, please describe below.		