

## **Constable - Sworn Financial Statement**

Name: Paul LaGraize					
Ward/District: 1,5,6 Parish: Lafourche					
Physical Address: 149 Persimmon Drive, Thibodaux, LA, 70301					
Telephone: 985-859-6772 Email: p4lagraize@hotmail.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 <a href="mailto:ereports@lla.la.gov">ereports@lla.la.gov</a> , 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) Paul LaGraize , who, duly sworn, deposes and					
says that the financial statement herewith given presents fairly the financial					
position of the Court of Lafourche 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), Paul LaGraize who duly sworn,					
deposes, and says that the Constable of Ward/District 1,5,6 Parish of					
Lafourche received \$200,000 or less in revenues and other					
sources for the year ended December 31,, 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.					
CONSTABLE SIGNATURE					
Sworn to and subscribed before me, this 15th day of March, 2022.					
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 online at www.lla.la.gov.

Revised: 01/2023



## Constable - Sworn Financial Statement/Compensation Schedule

Name:	Paul LaGraize	Ward/District: 1,5, 6	Parish: Lafourche	
			Amount <u>General</u>	Amount <u>Garnishment</u>
Enter the	Supplemental Report amount of your State/Parish Salarm, Box 1 (do NOT send your W-	\$ 8,094.38		
If you co	llected any garnishments, enter th	ne amount		\$ 0.00
If you collected any other fees as constable, enter the amount			\$ 0.00	
If your JP collected any fees for you and paid them to you, enter the amount			\$ 4,510.00	
If the parish paid conference fees directly to the Attorney General for you, enter the amount the parish paid			\$ 0.00	
for then	id conference fees to the Attorney n (and/or reimbursed for conferen e amount reimbursed	General and you were reimbursed ce-related travel expenses,	\$ 0.00	
	lected any other receipts as const nered expenses, per diem), descri			
Tv	pe of receipt		\$ 0.00	
	pe of receipt		\$ 0.00	
Expens	es			
If you col	lected any garnishments, enter th I to others	ne amount of garnishments		\$ 0.00
If you ha	ve employees, enter the amount y	you paid them in salary/benefits	\$ 0.00	
If you had any travel expenses as constable (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			\$ 0.00	
			\$ 0.00	
If you had	d any other expenses as constable	e, describe them and enter the amount		
Tv	pe of expense		\$ 0.00	
	pe of expense		\$ 0.00	
If constate remaining		paying the expenses above, the stable as his/her salary. If you have be your salary, please describe below.		
Constable associated	d with their Constable office. If yo	Other Disclosures ets, receivables, debt, or other disclosures ou do have fixed assets, receivables, debt, deral regulations, please describe below.		
		Revised 01/2023		