St. John the BADTIST Ward or District		RECEIVED
Edgard	(City, Parish) Louisiana	LEGISLATIVE AUDITOR

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) March 30 2016

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, 2015, or for the partial year beginning on <u>January 1, 2015</u> and ending on <u>December 31, 2015</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,

Charall August

**Enclosures** 

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

Revised: 2/5/2018

St, John the BAPTIST	Parish Constable
of Ward or District	2
Edgard	(City) Louisiana

Financial Statements
As of and for the Year December 31, 2015

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		
Chypall August, who, duly sworr	undersigned authority, Constable (your name)  n, deposes and says that the financial statements		
herewith given present fairly the financial position of the Court ofParish,			
Louisiana, as of December 31, 2015, and the	e results of operations for the year then ended, on		
the cash basis of accounting.			
<b>3</b>	•		
In addition, (your name)	August, who duly sworn, deposes, and says  3+John the BAptist Parish		
received \$200,000 or less in revenues			
December 31, 2015, and accordingly, is req	uired to provide a sworn financial statement and		
	audit, review/attestation, or compilation report for		
	addit, reviewaticstation, or compilation report for		
the previously mentioned fiscal year.			
G	Signature of Constable		
Sworn to and subscribed before me, this 30 da	march 2011		
Mariemos	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	Address P. D. Box 331		
report will be submitted to appropriate public officials and be available	City, Zip Code Edg Ard, LA 70049		
for public inspection at the Baton Rouge office of the Legislative Auditor	Email Address Chykart August e 9/14		
and, where appropriate, at the office of the parish clerk of court.	Cell Phone 509-621-6847		
Release Date 3/3/2021	Land/Fax No. 225-6/2-4675		

Chyrace August (Constable Name)		
St. John the Baptist Parish Constable		
of Ward or District		
Edgard (City) Louisiana		
Statement of Cash Receipts and Disbursements		
For the Year Ended December 31, 2015	*	
	Goneral	Gar

		General Fund	Garnishment Fund Activity
CA	ASH RECEIPTS:		
_	State & Parish salary (See Constable W-2 Form, Box 1)	1.6 600,00	
	Fees collected (if collected) (include litter court fees)	21 350,00	
3.	Garnishments collected (If applicable)	<del>-1, 2</del>	3. 3-
4.		4 8	<u> </u>
	Total cash receipts. Add lines 1 through 4	5.7,950.00	
C/	ASH DISBURSEMENTS:		
	Cost of equipment purchased (fax machine, etc.)	6. O	
	Materials and supplies (stationery, postage, etc.)	7. 400.00	
	Travel and other charges		
	8a. For yourself	8a 650.00	
	8b. For employees (If applicable)	8b <i>A</i>	
g	Other operating expenses (rent, utilities, phone/fax line, etc.)	0 30000	
	. Garnishments paid to others [From total collections on Line 3]	3 300.0	10. O
11	. Total disbursements (add lines 6-10)	11.1,350.00	
	. Balance Available (loss) for payment of salaries seneral Fund: Line 5 less Line 11;		
	arnishment Fund Activity: Line 3 less Line 10)	12.6,600.00	12.
Sa	alary and related benefits:		
13	. Amount retained by yourself from line 12 (copy to line 1,Statement C)	13.6,600,00	13.
14	. Amount paid to employees (if applicable)	14. 8	14. 0
15	i. Total salaries paid (add lines 13 and 14)	15.6,600,00	15. 8
FL	JND BALANCE**		
16	5. Increase (decrease) in fund balance, may be \$0	4-	4
14	(line 12 less line 15)	16.	16.
17	7. Fund Balance at beginning of the year, may be \$0	17	17 0-
10	(Ending Fund balance from last year's report)	17.	111
10	Fund balance (deficit) at end of the year, may be \$0     (Add lines 16 and 17)	18.	18.
	Vide miles is did if		

<sup>\*\*</sup>Fund Balance = Amount Received minus Amount Spent. If lines 16 - 18 are zero, go to statement C, page 5.

Chyran Angust 10	onstable Name)
of Ward or District 1	
	ouisiana
Balance Sheet, on December 31, 20	15

	General Fund	Garnishment Fund (if applicable)	Total
ASSETS: 1. Cash	1. A		1.
2. Investments	2.		2.
Office furnishings (Cost of desks, etc.)	3.		3.
4. 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.		6.
7. Garnishments due to others	A	7.	7.
8. Other liabilities	8. 8		8.
9. Total Liabilities (add lines 6 - 8)	9. 8	9.	9.
Fund Balances:			
10. Ending Fund balance (from line 18, Statement A)	10.	10.	10.
11. Other -	11. 0		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

Chyrane	Angust (Constable Name)
St John the BARTST Parish (	Constable
of Ward or District	1
Edant	(City) Louisiana
<del></del>	

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

Purpose	Dollar Amount	
1. Salary (Enter total of both columns from line 13, Statement A)	1.6.680,00	
2. Benefits-insurance	2. 9	
3. Benefits-retirement	3. <i>ò</i> -	
4. Benefits-other (describe)	4. 0	
5. Benefits-other (describe)	5. &	
6. Benefits-other (describe)	6.	
7. Car allowance	7.	
8. Vehicle provided by government (if reported on form W-2)	8. 8-	
9. Per diem	9. 🛇	
10. Reimbursements**	10.	
11. Travel	11. 650,00	
12. Registration fees**	12. 9	
13. Conference travel	13. &	
14. Housing	14. 8-	
15. Unvouchered expenses	15. 8-	
16. Special meals	16. <i>9</i>	
17. Other Material and Supplies, Lelyline Line	17. 708200	
18. TOTAL (enter total of lines 1-17)	18. 7 950.00	

<sup>\*\*</sup>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.