

Constable – Sworn Financial Statement

Name:					
Ward/District: 1 Parish: Lafayette					
Physical Address: 255 Lormand Rd. Scott, LA. 70583					
Telephone: 337-781-5029 Email: judymenard49@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) Judy Menard, who, duly sworn, deposes and					
says that the financial statement herewith given presents fairly the financial position of the Court of $\frac{\text{Lafayette}}{2022}$, and the results of operations for the year then ended, on					
the cash basis of accounting.					
In addition, (your name), Menard who duly sworn,					
In addition, (your name), Judy Menard who duly sworn, deposes, and says that the Constable of Ward/District 1 Parish of Lafayette 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.

Judy I menaid				
CONSTABLESIGNATURE	-			
Sworn to and subscribed before me, this _	15	day of _	March	2023
MIN N				
NOTARY PUBLIC SIGNATURE Enc Wather	Boi	+2	6544	e Attorney General and 6

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

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Constable - Sworn Financial Statement/Compensation Schedule

Name:	Judy Menard	Ward/District:	Parish:	
			Amount <u>General</u>	Amount <u>Garnishments</u>
Enter the	Supplemental Report amount of your State/Parish Sa rm, Box 1 (do NOT send your W	lary from Constable /-2 form to the Legislative Auditor)	10657.38	
If you col	lected any garnishments, enter	the amount		
If you col	lected any other fees as constal	ple, enter the amount		
If your JP	collected any fees for you and	paid them to you, enter the amount		
	ish paid conference fees directly e amount the parish paid	to the Attorney General for you,		
for them	d conference fees to the Attorne (and/or reimbursed for confere e amount reimbursed	ey General and you were reimbursed ence-related travel expenses,		
	ected any other receipts as con ered expenses, per diem), desc	stable (e.g., benefits, housing, ribe them and enter the amount		
Тур	pe of receipt			
Тур	e of receipt			
	ected any garnishments, enter to others	the amount of garnishments		
If you hav	e employees, enter the amount	you paid them in salary/benefits		
	any travel expenses as constal	ole (including travel that was reimbursed),	·	
If you had the amou	any office expenses such as re unt paid	nt, utilities, supplies, etc., enter		
If you had	any other expenses as constab	le, describe them and enter the amount		
Тур	e of expense			
Тур	e of expense		and and a state of the state of	
If constabl remaining	cash is normally kept by the co	r paying the expenses above, the nstable as his/her salary. If you have o be your salary, please describe below.		
Cive d 4 -	sets, Receivables, Debt o	Other Diselectory		

Constables normally do not have fixed assets, receivables, debt, or other disclosures associated with their Constable office. If you do have fixed assets, receivables, debt, or other disclosures required by state or federal regulations, please describe below.