

Constable
of Ward/District _____
Waterproof Louisiana

Financial Statements
As of and for the Year Ended December 31, 2004

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.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) WOODROW WILEY, SR., who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of TENSAS Parish, Louisiana, as of December 31, 2004, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) WOODROW WILEY, SR., who duly sworn, deposes, and says that the Constable of Ward/District _____ and TENSAS Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2004, and accordingly, is not required to have an audit or a review/attestation for the previously mentioned fiscal year.

WOODROW WILEY SR
Signature

Sworn to and subscribed before me, this 4th day of March, 2005.

Mercedes Williams
NOTARY PUBLIC #008925 MY COMMISSION EXPIRES AT DEATH

Please Complete this Section:

Constable's Name	<u>WOODROW WILEY, SR.</u>
Street or P.O. Box	<u>Box 33</u>
City	<u>WATERPROOF, LA 71375</u>
Zip Code	<u>71375</u>
Telephone Number	<u>318-749-5287</u>
FAX Number	_____

Under provisions of state law, this report is a public document. A copy of the report has been filed with the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 3/16/05

Statement B

Woodrow Wiley, Sr. (Your Name)
Constable
of Ward/District 3
Tensas, Louisiana

**Statement of Cash Receipts and Disbursements
 For the Year Ended December 31, 2004**

	General Fund	Garnishment Fund (if applicable)
<u>CASH RECEIPTS:</u>		
1. State salary supplement received (required if received)	<u>900.⁰⁰</u>	_____
2. Parish salary received (required)	<u>2400.⁰⁰</u>	_____
3. Garnishments collected (if applicable)	_____	_____
4. Fees collected (if collected)	_____	_____
 Total cash receipts	A <u><u>3300.⁰⁰</u></u>	_____
 <u>OFFICE DISBURSEMENTS:</u>		
5. Other operating services (cost of fax line, etc)	_____	_____
6. Materials and supplies (stationery, postage, etc)	_____	_____
7. Travel and other charges	_____	_____
For yourself	_____	_____
For employees (if applicable)	_____	_____
8. Capital outlay (cost of purchases of equipment, etc)	_____	_____
9. Garnishments paid to others (if total included in No. 3)	_____	_____
 Total office disbursements	B _____	_____
 Available for salaries (A less B)	_____	_____
10. Salary and related benefits:		
Amount retained by yourself, as salary	_____	_____
Amount paid to employees (if applicable)	_____	_____
 Total salaries paid	C _____	_____
 Increase or (decrease) in fund balance (A less B less C)	D _____	_____
Fund Balance at the beginning of the year	E _____	_____
 Fund balance (deficit) at end of the year (D plus E)	F _____	_____

E This is the amount of the fund balance at the end of the prior year (see your copy of last years report)