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Constable of, Ward/District_

2008 FEB 28 AM 11: 56 (City, Parish) Louisiana

Financial Statements As of and for the Year Ended December 31, 2007

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 <u>The Le Pipes</u> , who, duly sworn, deposes and says that the financial statement | • |
| herewith given present fairly the financial position of the Court of Livel Parisl | h, |
| Louisiana, as of December 31, 2007, and the results of operations for the year then ended, or | 'n |
| the cash basis of accounting. | |
| In addition, (your name), who duly sworn, deposes, and say | rs |
| that the Constable of Ward/District andParis | h ` |
| received \$200,000 or less in revenues and other sources for the year ende | d |
| December 31, 2007, and accordingly, is not required to have an audit or a review/attestation for | r |
| the previously mentioned fiscal year. | |
| Sworn to and subscribed before me, this 241 day of February, 2008. | |
| NOTARY PUBLIC | · |
| Please Complete this Section: Constable's Name TACK Pipes Street or P.O. Box & P.O. Box & I. | _ |
| provisions of state law, this report is a public City Chaudant / A | _ |
| ent. A copy of the report has been submitted to Zip Code 71227 | |
| ity and other appropriate public officials. The Telephone Number is available for public inspection at the Baton Fax Number / Email office of the Legislative Auditor and, where Fax Number / Email oriate, at the office of the parish clerk of court. | <u> </u> |
| elease Date 3/26/08 | |
| | |

| Balance Sheet, on December 31, 20 | 07 | | | | |
|--|------|-----------------|---|-----|-------------|
| | ÷ | General Fund | Gamishment Fund (if applicable) | | Total |
| ASSETS: | | | | | _ |
| Cash and cash equivalents on hand | | 1. | | 1. | 0 |
| 2. Investments (fair value) on hand | | <u>2.</u> 3. | | 2. | |
| 3. Office furnishings (Cost of desks, etc) | | 3. | | 3. | |
| 4. Equipment (Cost of fax machine, etc) | | 4. | | 4. | |
| 5. Total Assets (add lines 1 - 4) | | 5. | 5. | 5. | 0 |
| LIABILITIES AND FUND BALANCE: | • | | | | |
| Liabilities: | | | | | |
| 6. Cash overdraft | | 6. | | 6. | 0 |
| 7. Garnishments due to others | | | 7. | 7. | |
| 8. Other liabilities | 1 au | 8. | | 8. | , |
| 9. Total Liabilities (add lines 6 - 8) | , | 9. | 9. | 9. | |
| Fund Balances: | | | | | |
| 10. Ending Fund balance | | 10. | | 10. | |
| (from line 20, Statement B) | | | | | |
| 11. Other - | | 11. | | 11. | • |
| 12. Total Liabilities and Fund Balance | | | | | _ |
| (add lines 9 - 11) | | 12. | <u> 12. </u> | 12. | 0 |

Note: Total Assets should equal Total Liabilities and Fund Balance.

Chandrat Lincoln (City, Parish) Louisiana

PREPARE <u>STATEMENT A</u> ONLY IF YOU HAVE ACCOUNTS PAYABLE OR ACCOUNTS RECEIVABLE BALANCES BEING CARRIED OVER TO THE NEXT YEAR.

| ş | FGISL ATIVE |
|---|-------------|
|---|-------------|

2000 HAR 17 AL

| JACK P | ipes (| Your Name) |
|--|-----------------|----------------|
| Constable , of Ward / District | | - ' |
| Of Ward / District _ Chowdent harcolm | (City, Parish), | - Louisiana |

Statement of Cash Receipts and Disbursements For the Year Ended December 31, 2007

| CASH RECEIPTS: | General Fund | **Gamishment Fund (if applicable) |
|--|---|--------------------------------------|
| State salary supplement <u>(required if received)</u> Parish salary received <u>(required)</u> | 1. 100 2. 900 | • |
| Garnishments collected (only if applicable) | 3. n/a | 3. – |
| 4. Fees collected (only if collected) | 4. | |
| 5. Other (explain) | 5. | - |
| 6. Total cash receipts (add lines 1 – 5) | 6. / <u>Ao</u> o | 6. – |
| CASH DISBURSEMENTS: | | |
| 7. Operating expenses (cost of fax line, etc) | 7. | |
| 8. Materials and supplies (stationery, postage, etc) | 8. | • |
| 9. Travel and other charges | | • |
| 9a. For yourself | - 9a. | • |
| 9b. For employees (only if applicable) | 9b. | • |
| 10. Capital outlay (cost of purchases of equipment, etc) | 10. | |
| 11. Garnishments paid to others [Out of total collected in # 3]] | 11. n/a | 11. – |
| 12. Total disbursements (add lines 7 -11) | <u> 12. </u> | 12. |
| 13. Balance Available (loss) (line 6 less line 12) | 13. 900 | 13. |
| Salary and related benefits: | | |
| 14. Amount retained by yourself from line 13 as salary | 14. 900- | 14 |
| 15. Amount paid to employees (if applicable) | 15, • | |
| 16. Total salaries paid (add lines 14 and 15) | 16. / % 00 | 16. ~ |
| 17. Increase (decrease) in fund balance – may be \$0 (line 13 less line 16) | 17. D | 17. – |
| 18. Fund Balance at beginning of the year - may be \$0 | *** | |
| (Ending Fund balance from last year's report) | <u> 18. </u> | <u> 18</u> |
| Fund balance (deficit) at end of the year – may be \$0 (Add lines 17 and 18) | 19. | 19. ~ |

^{**} THIS COLUMN ONLY APPLIES TO FINANCIAL INFORMATION ABOUT GARNINSHMENT ACTIVITY.