

Constable
of Ward/District 1
Epps West CARROLL (City, Parish) Louisiana

Financial Statements
As of and for the Year Ended December 31, 2006

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) MARION SWALLER, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of WEST CARROLL Parish, Louisiana, as of December 31, 2006, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) MARION SWALLER, who duly sworn, deposes, and says that the Constable of Ward/District 1 and WEST CARROLL Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2006, and accordingly, is not required to have an audit or a review/attestation for the previously mentioned fiscal year.

Marion Swaller
Signature

Sworn to and subscribed before me, this 9 day of Feb., 2007.

Denise Parks #059021
NOTARY PUBLIC

Please Complete this Section:

Constable's Name MARION SWALLER
Street or P.O. Box 248 LOYD ROAD
City Epps
Zip Code 71237
Telephone Number 818-926-3309
Fax Number / Email _____

Under provisions of state law, this report is a public document. A copy of the report has been submitted to 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 2/21/07

Statement A

MARION S WAJICR (Your Name)
 Constable
 of Ward/District 1
Epp West Carroll (City, Parish) Louisiana

Balance Sheet, on December 31, 2006

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

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

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

Statement B
(Required)

MARION S WALKER (Your Name)
Constable
of Ward / District 1
Epps West Carroll City, Parish), Louisiana

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2006

	<u>General Fund</u>	<u>Garnishment Fund (if applicable)</u>
CASH RECEIPTS:		
1. State salary supplement <i>(required if received)</i>	1. <u>900.00</u>	
2. Parish salary received <i>(required)</i>	2. <u>1700.00</u>	
3. Garnishments collected (only if applicable)		3. _____
4. Fees collected (only if collected)	4. <u>215.00</u>	
5. Other (explain)	5. _____	
6. Total cash receipts (add lines 1 – 5)	6. <u>2615.00</u>	6. _____
 CASH DISBURSEMENTS:		
7. Operating expenses (cost of fax line, etc)	7. _____	
8. Materials and supplies (stationery, postage, etc)	8. <u>7.80</u>	
9. Travel and other charges		
9a. For yourself	9a. <u>89.89</u>	
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. _____
12. Total office disbursements (add lines 7 -11)	12. <u>97.69</u>	12. _____
13. Available Balance (loss) (line 6 less line 12)	13. <u>2517.31</u>	13. _____
Salary and related benefits:		
14. Amount retained by yourself from line 13 as salary	14. <u>2517.31</u>	
15. Amount paid to employees (if applicable)	15. <u>-0-</u>	
16. Total salaries paid (add lines 14 and 15)	16. <u>2517.31</u>	16. _____
17. Increase (decrease) in fund balance – may be \$0 (line 13 less line 16)	17. <u>-0-</u>	17. _____
18. Fund Balance at beginning of the year – may be \$0 (Ending Fund balance from last year's report)	18. <u>-0-</u>	18. _____
19. Fund balance (deficit) at end of the year – may be \$0 (Add lines 17 and 18)	19. <u>-0-</u>	19. _____