## **Justice of the Peace** of Ward/District \_\_ WARD III Louisiana WATERPROOF,

**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.

| AFFIDA  | AVIT   |
|---|--|
| Personally came and appeared before the under       | ersigned authority, <u>Justice of the Peace</u> (you   |
| name) ARTHUR L. JOHNSON , who, duly                 | sworn, deposes and says that the financia  |
| statements herewith given present fairly the finar  | ncial position of the Court of <u>TENSAS</u>   |
| Parish, Louisiana, as of December 31, 2004, a       | nd the results of operations for the year the  |
| ended, on the cash basis of accounting.             |  |
| In addition, (your name) ARTHUR L. JOHNSON          | , who duly sworn, deposes, and say   |
| that the Justice of the Peace of Ward/District      | II andTENSAS   |
| Parish received \$200,000 or less in revenues ar    | d other sources for the year ended Decembe   |
| 31, 2004, and accordingly, is not required to       | have an audit or a review/attestation for th   |
| previously mentioned fiscal year.                   |  |
| •   | 120-   |
|   | THE TOTAL STATE OF THE PARTY OF |
| 4   | Signature  |
| <b>✓</b>  |  |
| Sworn to and subscribed before me, this5th_         | day ofAPRIL, 20_05   |
| Judy Ky   | Phialt   |
| ( NOTARY PI   | JBL16 17 #068146   |
|   | Please Complete this Section:  |
| Justice of Peace Name<br>Street or P.O. Box         | ARTHUR L. JOHNSON POST OFFICE BOX 155  |
| City  | WATERPROOF   |
| Zip Code  | 71375  |
| rovisions of state law, tims rep. Telephone: Number | (318) 749–5435   |
| nt. A copy of the report has bee FAX Niteriber      | (318) 749–3381   |

Release Date 4-13-05

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.

| ARTHUR L. JOHNSON                         | (Your Name) |                 |  |       |
|---|-------------|-----------------|--|-------|
| Justice of the Peace                      |             |                 |  |       |
| of Ward/District III                      | _           |                 |  |       |
| WATERPROOF Louisiana                      |             |                 |  |       |
| Balance Sheet, on December 31, 2004       | ı           |                 |  |       |
|   |             | General<br>Fund | Garnishment<br>Fund<br>(if applicable) | Total |
| ASSETS: Cash and cash equivalents on hand |             | 0               |  | •     |
| Investments (fair value) on hand          |             |                 |  | 0     |
| Office furnishings (Cost of desks, etc)   |             |                 |  |       |
| Equipment (Cost of fax machine, etc)      |             |                 |  |       |
| Total Assets                              |             |                 | -0-                                    | -0-   |
| LIABILITIES AND FUND BALANCE:             |             |                 |  |       |
| Liabilities:                              |             |                 |  |       |
| Cash overdraft                            |             | -0              | -0-                                    | -0-   |
| Garnishments due to others                |             |                 |  |       |
| Other liabilities                         |             |                 | <del></del>                            |       |
| Total Liabilities                         |             |                 |  |       |
| **Fund balance                            |             |                 |  |       |
| Total Liabilities and Fund Balance        |             | -0-             | -0-                                    | -0-   |
|   |             |                 |  |       |

PREPARE STATEMENT A ONLY IF YOU HAVE MONEY CARRIED OVER FROM PRIOR OR CURRENT YEAR

\*\*This amount should agree with the fund balance at the end of the year on Statement B

| ARTHUR L. JOHNSON (You   | ur Name)        |                 |                                    |  |  |  |  |
|--|-----------------|-----------------|------------------------------------|--|--|--|--|
| Justice of the Peace   |                 |                 |                                    |  |  |  |  |
| of Ward/District   |                 |                 |                                    |  |  |  |  |
| WATERPROOF Louisiana   |                 |                 |                                    |  |  |  |  |
| Statement of Cash Receipts and Disbursements For the Year Ended December 31, 2004  |                 |                 |                                    |  |  |  |  |
|  |                 | General<br>Fund | Gamishment<br>Fund (if applicable) |  |  |  |  |
| CASH RECEIPTS:  1. State salary supplement received (required if received)   | od)             | \$900           |                                    |  |  |  |  |
| Parish salary received (required)  | <del>6</del> 0) | 2400            |                                    |  |  |  |  |
| 3. Garnishments collected (if applicable)  |                 | 2400            |                                    |  |  |  |  |
| 4. Fees collected (if collected)   |                 |                 |                                    |  |  |  |  |
| Total cash receipts  | A               | \$3300          | -0-                                |  |  |  |  |
| OFFICE DISBURSEMENTS:  5. Fees paid to constable (if total included in No. 4, ab 6. Other operating services (cost of fax line, etc)  7. Materials and supplies (stationery, postage, etc)  8. Travel and other charges For yourself For employees (if applicable) | ove)            |                 |                                    |  |  |  |  |
| 9. Capital outlay (cost of purchases of equipment, etc)  | •               |                 |                                    |  |  |  |  |
| 10. Garnishments paid to others (if total included in No   | o. 3)           |                 |                                    |  |  |  |  |
| Total office disbursements   | В               | 0               |                                    |  |  |  |  |
| Available for salaries (A less B)  11. Salary and related benefits:  Amount retained by yourself, as salary  Amount paid to other employees (if applicable)  |                 | 3300            |                                    |  |  |  |  |
| Total salaries paid  | C .             | 3300            |                                    |  |  |  |  |
| Increase or (decrease) in fund balance (A less B less of Fund Balance at the beginning of the year   |                 | -0-             |                                    |  |  |  |  |
| Fund balance (deficit) at end of the year (D plus E)   | F               | -0-             | -0-                                |  |  |  |  |

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