Constable		
of Ward/District _	3_	
LI ATERPROOF		_ Louisiana

Financial Statements
As of and for the Year Ended December 31, 2005

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.

<u> </u>	
AFF	IDAVIT
Personally came and appeared before the	undersigned authority, Constable (your name)
(L)OOD ROO) W. W. (LEY , who, duly sworn	, deposes and says that the financial statements
herewith given present fairly the financial pos	
	results of operations for the year then ended, on
the cash basis of accounting.	
In addition, (your name)	له)، الولاي , who duly sworn, deposes, and says
that the Constable of Ward/District	and Tensas Parish
<del></del>	and other sources for the year ended
	quired to have an audit or a review/attestation for
the previously mentioned fiscal year.	quired to flavo art addit of a foviow/attestation for
the previously mentioned fiscal year.	
	Signature S R
	Signature /
Sworn to and subscribed before me, this	nd day of Lehruary, 2006.
han .	Mercedes Williams
Mercedes	# 008925 PUBLIC # 008925 My Commission Expires at Death
NOTARY	PUBLIC My Commission Expression
	Please Complete this Section:
Constable's Name	
Street or P.O. Box	
City	
Zip Code Telephone Number	
ns of state law, this report is a publication Number	
the engraphiate public officials. The	
able to public moperation	
e of the Legislative Auditor and, where at the office of the parish clerk of court.  Date 4506	

of Ward/District	
<u>WATER PRODE</u> , Louisiana	
Statement of Cash Receipts and Disburseme For the Year Ended December 31, 2005	ents
CASH RECEIPTS:  1. State salary supplement received (required if received) 2. Parish salary received (required) 3. Garnishments collected (if applicable) 4. Fees collected (if collected)  Total cash receipts	General Garnishment Fund (if applicable)  900-00  200-00  -0-0-0-0-0-0-0-0-0-0-0-0-
OFFICE DISBURSEMENTS: 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	- 0
Available for salaries ( <i>A less B</i> )  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) Fund Balance at the beginning of the year	D

<u>(ωοοί) Roω (ω. ω) ι (Εμ</u> (Your Name)

Constable

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

Fund balance (deficit) at end of the year (D plus E)