| West Carroll          | _Parish Constable |
|-----------------------|-------------------|
| of Ward or District _ | 414               |
| Oak Grove             | (City) Louisiana  |

4

Financial Statements
As of and for the Year December 31,2017

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.

| Within 90 days after the close of the fiscal year.   |   |
|--|---|
|  |   |
| AFF  | FIDAVIT   |
| Jakes Jones, who, duly sworr   | undersigned authority, Constable (your name) n, deposes and says that the financial statements          |
| herewith given present fairly the financial po   | sition of the Court of West Corroll Parish,   |
| Louisiana, as of December 31, 2017, and the  | e results of operations for the year then ended, on   |
| the cash basis of accounting.  |   |
|  |   |
|  | , who duly sworn, deposes, and says and <u>West Cavet I</u> Parish and other sources for the year ended |
| December 31, 2017, and accordingly, is requ  | uired to provide a sworn financial statement and  |
|  |   |
| affidavit and is not required to provide for an audit, review/attestation, or compilation report for the previously mentioned fiscal year.           |   |
| the previously mentioned fiscal year.  |   |
| Signature of Constable   |   |
| Sworn to and subscribed before me, this day of Feb, , 2018   |   |
| JA62-4   |   |
| NOTARY PUBLIC SIGNATURE & SEAL   |   |
| For Office Use Only:   | Please Complete this Section:   |
| Under provisions of state law, this report will become a public  | Constable's Name JaNeal Jones   |
| document on the Monday following the release date. A copy of the   | Address 907 E. main A   |
| report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Legislative Auditor | City, Zip Code Oak Grove Lx 71263 Email Address   |
| and, where appropriate, at the office of the parish clerk of court.  | Cell Phone 318 - 337 - 5532   |
| Release Date MAR 2 1 2018  | Land/Fax No. 318-428-4701   |

| Statement | Α  |
|-----------|----|
| (Require  | d) |
| Page      | 3  |

| January (Constable Name)  West Cavroll Parish Constable  of Ward or District 414  Oak Grove (City) Louisiana  Statement of Cash Receipts and Disbursements  For the Year Ended December 31, 2017  |  | Page 3                           |
|---|--|----------------------------------|
| CASH RECEIPTS:  1. State & Parish salary (See Constable W-2 Form, Box 1)  2. Fees collected (if collected) (include litter court fees)  3. Garnishments collected (If applicable)  4. Other  5. Total cash receipts. Add lines 1 through 4  | General<br>Fund<br>1.2700<br>2.390<br>4.<br>5.3090 | Garnishment<br>Fund Activity  3. |
| CASH DISBURSEMENTS:  6. Cost of equipment purchased (fax machine, etc.)  7. Materials and supplies (stationery, postage, etc.)  8. Travel and other charges 8a. For yourself 8b. For employees (If applicable)  9. Other operating expenses (rent, utilities, phone/fax line, etc.)  10. Garnishments paid to others [From total collections on Line 3]  11. Total disbursements (add lines 6-10) | 6.<br>7.<br>8a<br>8b<br>9                          | 10.                              |
| 12. Balance Available (loss) for payment of salaries (General Fund: Line 5 less Line 11; Garnishment Fund Activity: Line 3 less Line 10)  Salary and related benefits: 13. Amount retained by yourself from line 12 (copy to line 1,Statement C) 14. Amount paid to employees (if applicable)  15. Total salaries paid (add lines 13 and 14)  | 12.3090<br>13.3090<br>14.<br>15.3090               | 12.<br>13.<br>14.<br>15.         |
| FUND BALANCE**  16. Increase (decrease) in fund balance, may be \$0 (line 12 less line 15)  17. Fund Balance at beginning of the year, may be \$0 (Ending Fund balance from last year's report)  18. Fund balance (deficit) at end of the year, may be \$0 (Add lines 16 and 17)  | 16. <i>O</i> 17. <i>O</i> 18. <i>O</i>             | 16.<br>17.<br>18.                |

<sup>\*\*</sup>Fund Balance = Amount Received minus Amount Spent. If lines 16 - 18 are zero, go to statement C, page 5.

| Balance Sheet, on December 31, 701  |                      |  |                      |
|---|----------------------|--|----------------------|
|   | General<br>Fund      | Garnishment<br>Fund<br>(if applicable) | Total                |
| ASSETS: 1. Cash 2. Investments 3. Office furnishings (Cost of desks, etc.) 4. Equipment (Cost of fax machine, etc.) | 1. <b>0</b> 2. 3. 4. |  | 1.<br>2.<br>3.<br>4. |
| 5. Total Assets (add lines 1 - 4)   | 5. 0                 | 5.                                     | 5.                   |
| LIABILITIES AND FUND BALANCE: Liabilities:  |                      |  |                      |
| Cash overdraft     Garnishments due to others     Other liabilities   | 6.                   | 7.                                     | <u>6.</u> <u>7.</u>  |
| 9. Total Liabilities (add lines 6 - 8)  | 8.<br>9. <i>O</i>    | 9.                                     | 9.                   |
| Fund Balances:  |                      |  |                      |
| <ol> <li>Ending Fund balance (from line 18, Statement A)</li> <li>Other -</li> </ol>                                | 10. 0                | 10.                                    | 10.                  |
| 12 Total Liabilities and Fund Ralance (add lines 9 - 11)  | 12 ()                | 12                                     | 12                   |

Taled Jones (Constable Name)
Carroll Parish Constable

of Ward or District 4/4

Note: Line 5 (Total Assets) should equal Line 12 (Total Liabilities and Fund Balance) Statement B Is Completed If You Have a Balance Remaining On Line 18 Of Statement A

| JaNoel Jones                  | (Constable Name) |
|-------------------------------|------------------|
| West Corroll Parish Constable |                  |
| of Ward or District + / +     |                  |
| DakGrave                      | (City) Louisiana |

Schedule of Compensation, Benefits and Other Payments to the Constable For the 12 Months Ended December 31, 2017

| Purpose  | Dollar Amount |
|--|---------------|
| Salary (Enter total of both columns from line 13, Statement A) | 1. 3090       |
| 2. Benefits-insurance  | 2.            |
| 3. Benefits-retirement   | 3.            |
| 4. Benefits-other (describe)                                   | 4.            |
| 5. Benefits-other (describe)                                   | 5.            |
| 6. Benefits-other (describe)                                   | 6.            |
| 7. Car allowance   | 7.            |
| 8. Vehicle provided by government (if reported on form W-2)    | 8.            |
| 9. Per diem  | 9.            |
| 10. Reimbursements**   | 10.           |
| 11. Travel   | 11.           |
| 12. Registration fees**  | 12.           |
| 13. Conference travel  | 13.           |
| 14. Housing  | 14.           |
| 15. Unvouchered expenses                                       | 15.           |
| 16. Special meals  | 16.           |
| 17. Other  | 17.           |
| 18. TOTAL (enter total of lines 1-17)                          | 18. 3090      |

<sup>\*\*</sup>Line 10: If you attended JPC Training Conference during the year being reported, add total reimbursements paid by your parish for hotel, meals, mileage, etc.

Line 12: Registration fees for the conference paid by your parish.

Lines 10 and 12 will be zero if you did NOT attend the conference.

Revised: 2/5/2018