

Constable
of Ward/District 568 Dist 3
Sabine Louisiana

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.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) Donald Garcia, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of Sabine Parish, Louisiana, as of December 31, 2004, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) Donald Garcia, who duly sworn, deposes, and says that the Constable of Ward/District 568 Dist 3 and Sabine Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2004, and accordingly, is not required to have an audit or a review/attestation for the previously mentioned fiscal year.

Donald Garcia
Signature

Sworn to and subscribed before me, this 15 day of March, 2005.

Jay Howard #46415
NOTARY PUBLIC

| | |
|--------------------|-------------------------------|
| | Please Complete this Section: |
| Constable's Name | <u>Donald Garcia</u> |
| Street or P.O. Box | <u>101 Rockhill Ln</u> |
| City | <u>Noble, La</u> |
| Zip Code | <u>71462</u> |
| Telephone Number | <u>318-645-9212</u> |
| FAX Number | <u>Same</u> |

Under provisions of state law, this report is to be furnished 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 3-23-05

Statement B

Donald Earsie (Your Name)
Constable
 of Ward/District StB Dist 3
Sabine, Louisiana

**Statement of Cash Receipts and Disbursements
 For the Year Ended December 31, 2004**

| | General Fund | Garnishment Fund (if applicable) |
|---|------------------|-------------------------------------|
| <u>CASH RECEIPTS:</u> | | |
| 1. State salary supplement received (required if received) | 900.00 | |
| 2. Parish salary received (required) | 1100.00 | |
| 3. Garnishments collected (if applicable) | | |
| 4. Fees collected (if collected) | | |
| Total cash receipts | A 2000.00 | |
| <u>OFFICE DISBURSEMENTS:</u> | | |
| 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) | N/A | |
| 8. Capital outlay (cost of purchases of equipment, etc) | | |
| 9. Garnishments paid to others (if total included in No. 3) | | |
| Total office disbursements | B | |
| Available for salaries (A less B) | | |
| 10. Salary and related benefits: | | |
| Amount retained by yourself, as salary | 2000.00 | |
| Amount paid to employees (if applicable) | | |
| Total salaries paid | C | |
| Increase or (decrease) in fund balance (A less B less C) | D | |
| Fund Balance at the beginning of the year | E | |
| Fund balance (deficit) at end of the year (D plus E) | F | |

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