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ST BERNARD Parish Constable
of Ward or District D
CHALMETTE (City) Louisiana

3

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.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) WILLIAM F CURE, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of ST BERNARD Parish, Louisiana, as of December 31, 2017, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) WILLIAM F CUR, who duly sworn, deposes, and says that the Constable of Ward or District D and ST BERNARD Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2017, and accordingly, *is required 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.

William F. 'Bully' Cure
Signature of Constable

Sworn to and subscribed before me, this 1st day of MARCH, 2018

Debra M. Barousse
NOTARY PUBLIC SIGNATURE & SEAL
Debra M. Barousse #38227

For Office Use Only:	Please Complete this Section:
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be 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. APR 25 2018 Release Date	Constable's Name <u>WILLIAM F CURE</u>
	Address <u>3318 PARK BLVD</u>
	City, Zip Code <u>CHALMETTE, LA 70043</u>
	Email Address <u>cure.william@yahoo.com</u>
	Cell Phone <u>504 583-9840</u>
	Land/Fax No.

Please return the completed form by March 31 to Louisiana Legislative Auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

WILLIAM F CURE (Constable Name)
ST BERNARD Parish Constable
of Ward or District D
CHALMETTE (City) Louisiana

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2017

	General Fund	Garnishment Fund Activity
<u>CASH RECEIPTS:</u>		
1. State & Parish salary (See Constable W-2 Form, Box 1)	1. \$7716.12	
2. Fees collected (if collected) (include litter court fees)	2. _____	
3. Garnishments collected (if applicable)		3. _____
4. Other _____	4. _____	
5. Total cash receipts. Add lines 1 through 4	5. \$7716.12	
 <u>CASH DISBURSEMENTS:</u>		
6. Cost of equipment purchased (fax machine, etc.)	6. _____	
7. Materials and supplies (stationery, postage, etc.)	7. _____	
8. Travel and other charges		
8a. For yourself	8a _____	
8b. For employees (if applicable)	8b _____	
9. Other operating expenses (rent, utilities, phone/fax line, etc.)	9 _____	
10. Garnishments paid to others [From total collections on Line 3]		10. 0
11. Total disbursements (add lines 6-10)	11. 0	
12. Balance Available (loss) for payment of salaries (General Fund: Line 5 less Line 11; Garnishment Fund Activity: Line 3 less Line 10)	12. \$7716.12	12. 0
Salary and related benefits:		
13. Amount retained by yourself from line 12 (copy to line 1, Statement C)	13. \$7716.12	13. 0
14. Amount paid to employees (if applicable)	14. _____	14. _____
15. Total salaries paid (add lines 13 and 14)	15. \$7716.12	15. 0
 <u>FUND BALANCE**</u>		
16. Increase (decrease) in fund balance, may be \$0 (line 12 less line 15)	16. 0	16. 0
17. Fund Balance at beginning of the year, may be \$0 (Ending Fund balance from last year's report)	17. 0	17. 0
18. Fund balance (deficit) at end of the year, may be \$0 (Add lines 16 and 17)	18. 0	18. 0

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

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WILLIAM F CURE (Constable Name)
ST BERNARD Parish Constable
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**Schedule of Compensation, Benefits and Other Payments to the Constable
For the 12 Months Ended December 31, _____**

Purpose	Dollar Amount
1. Salary (Enter total of both columns from line 13, Statement A)	1. \$7716.12
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. \$757.82
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.

**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.