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ST. CHARLES Parish Constable  
of Ward/District 6  
NORCO (City) Louisiana

FILED  
2015 MAR 13 AM 7:51

Financial Statements

As of and for the Year December 31, 2014

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) MILTON L. CAMBRE, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of ST. CHARLES Parish, Louisiana, as of December 31, 2014, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) MILTON L. CAMBRE, who duly sworn, deposes, and says that the Constable of Ward/District 6 and ST. CHARLES Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2014, 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.

Milton L. Cambre  
Signature of Constable

Sworn to and subscribed before me, this 3<sup>rd</sup> day of March, 2015

John J. Marino  
NOTARY PUBLIC Signature

JP-45-6

Under provisions of state law, this report is a public document. A copy of the report has been submitted 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.

Constable's Name  
Street or P.O. Box  
City  
Zip Code  
Telephone Number  
Fax Number / Email

Please Complete this Section:

MILTON L. CAMBRE  
402 MARINO  
NORCO, LA  
70079  
985-764-7742

Release Date MAY 06 2015

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

MILTON L. CAMBRE (Your Name)  
ST. CHARLES Parish Constable  
 of Ward / District 6  
NERCO (City), Louisiana

## Statement of Cash Receipts and Disbursements

For the Year Ended December 31, 2014**CASH RECEIPTS:**

1. State & Parish salary (*required, from W-2 Form*)
2. Fees collected (As constable, if any were collected)
3. Garnishments collected (If applicable)
4. Other \_\_\_\_\_
5. **Total cash receipts.** Add lines 1 through 4

General Fund	Garnishment Fund Activity
1. <u>7,876</u>	
2. <u>0</u>	
3. <u>0</u>	<u>*</u>
4. <u>3,750</u>	
5. <u>11,626</u>	

**CASH DISBURSEMENTS:**

6. Operating expenses (rent, utilities, phone/fax line, etc.)
7. Materials and supplies (stationery, postage, etc.)
8. Travel and other charges
  - 8a. For yourself
  - 8b. For employees (If applicable)
9. Cost of equipment purchased (fax machine, etc.)
10. Garnishments paid to others [From total collections on Line 3]
11. **Total disbursements** (add lines 6-10)

6. <u>0</u>	
7. <u>0</u>	
8a. <u>0</u>	
8b. <u>0</u>	
9. <u>0</u>	
10. <u>0</u>	
11. <u>0</u>	

12. Balance Available (loss) for payment of salaries ( Line 5 – Line 11)

12. _____	12. _____
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## Salary and related benefits:

13. Amount retained by yourself from line 12 as salary
14. Amount paid to employees (if applicable)
15. **Total salaries paid** (add lines 13 and 14)

13. _____	13. _____
14. _____	14. _____
15. _____	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. _____	16. <u>0</u>
17. _____	17. <u>0</u>
18. _____	18. <u>0</u>

*\* 2 Garnishments were served but both had left the employer.*



MILTON L CAMBRE (Constable Name)

St. Charles Parish Constable

of Ward/District 6

NORCO

(City) Louisiana

\* I RETIRED ON DECEMBER 31, 2014

### Schedule of Compensation, Benefits and Other Payments to the Constable

Purpose	Amount
Salary	7,876.16
Benefits-insurance <u>FRES</u>	0
Benefits-retirement <u>FRES</u>	3,750.00
Benefits-other (describe) <u>TOTALS</u>	11,626.00
Benefits-other (describe)	
Benefits-other (describe) <u>DROP Act.</u>	6,853.06
Car allowance	0
Vehicle provided by government (enter amount reported on W-2)	0
Per diem	0
Reimbursements	587.94
Travel	0
Registration fees	0 Forgo to claim
Conference travel	200.94
Housing	0
Unvouchered expenses (example: travel advances, etc.)	0
Special meals	0
Other	0

~~FOR SERVING PAPERS~~  
TOTAL

TRANSFER FROM DROP  
PROGRAM TO IRA ACCOUNT  
WITH Ed. JONES.

200.94

297.00

90.00

587.94

345.00

242.94

mileage to & from CONFERENCE IN LAKE CHARLES  
HOTEL CHARGES  
MEALS

TOTAL SPENT

ADVANCE FROM ST. CHARLES PARISH

RE-IMBURSEMENT FROM ST. CHARLES PARISH

RECEIVED  
LEGISLATIVE AUDITOR  
2015 APR 29 AM 9:00