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Constable  
of Ward/District ONE  
CALCASIEU (City, Parish) Louisiana

Financial Statements  
As of and for the Year Ended December 31, 2007

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.

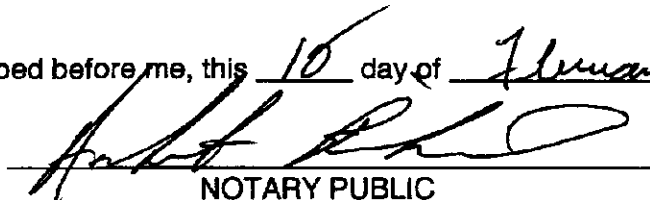
### AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) LOUIS A. MICHIELS, SR., who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of CALCASIEU Parish, Louisiana, as of December 31, 2007, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) LOUIS A. MICHIELS, SR., who duly sworn, deposes, and says that the Constable of Ward/District ONE and CALCASIEU Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2007, and accordingly, is not required to have an audit or a review/attestation for the previously mentioned fiscal year.

  
Signature

Sworn to and subscribed before me, this 10 day of January, 2008.

  
NOTARY PUBLIC

### Please Complete this Section:

Constable's Name	<u>LOUIS A. MICHIELS, SR.</u>
Street or P.O. Box	<u>1207 CHEYENNE DRIVE</u>
City	<u>LAKE CHARLES, LA</u>
Zip Code	<u>70611</u>
Telephone Number	<u>337-855-4065</u>
Fax Number / Email	<u>337-855-7894</u>

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.

Release Date 2/27/08

**Statement B**  
(Required)

LOUIS A. MICHIELS, SR. \_\_\_\_\_ (Your Name)  
**Constable**  
**of Ward / District** ONE  
CALCASIEU (City, Parish), **Louisiana**

**Statement of Cash Receipts and Disbursements**  
**For the Year Ended December 31, 2007**

	<u>General Fund</u>	<u>**Garnishment Fund (if applicable)</u>
<b><u>CASH RECEIPTS:</u></b>		
1. State salary supplement ( <i>required if received</i> )	1. 1200.00	
2. Parish salary received ( <i>required</i> )	2. 5965.00	
3. Garnishments collected (only if applicable)	3. n/a	3. _____
4. Fees collected (only if collected)	4. 1610.00	
5. Other (explain)	5. _____	
6. <b>Total cash receipts</b> (add lines 1 – 5)	6. 8775.00	6. _____
 <b><u>CASH DISBURSEMENTS:</u></b>		
7. Operating expenses (cost of fax line, etc)	7. _____	
8. Materials and supplies (stationery, postage, etc)	8. _____	
9. Travel and other charges		
9a. For yourself	9a. _____	
9b. For employees (only if applicable)	9b. _____	
10. Capital outlay (cost of purchases of equipment, etc)	10. _____	
11. Garnishments paid to others [Out of total collected in # 3]]	11. n/a	11. _____
12. <b>Total disbursements</b> (add lines 7 -11)	12. 0.00	12. _____
 13. Balance Available (loss) ( line 6 less line 12)	13. 8775.00	13. _____
 <b>Salary and related benefits:</b>		
14. Amount retained by yourself from line 13 as salary	14. 8775.00	14. _____
15. Amount paid to employees (if applicable)	15. _____	
16. <b>Total salaries paid</b> (add lines 14 and 15)	16. 8775.00	16. _____
 17. Increase (decrease) in fund balance – may be \$0 (line 13 less line 16)	17. 0.00	17. _____
18. Fund Balance at beginning of the year – may be \$0 (Ending Fund balance from last year's report)	18. 0.00	18. _____
19. Fund balance (deficit) at end of the year – may be \$0 (Add lines 17 and 18)	19. 0.00	19. _____

**\*\* THIS COLUMN ONLY APPLIES TO FINANCIAL INFORMATION ABOUT GARNINSHMENT ACTIVITY.**